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The Individual and the Group

WITHIN a short period, the emphasis has moved from the team spirit, to the value of the person as an individual, and now back to the idea of the group as a major importance.

Leadership is a favourite word to-day and it suggests emphasis on the individual who can lead. Research has been carried out into the essential qualities for leadership, and any number of such qualities have been suggested, but leaders are as different as human beings.

A new line of approach recently has been the study of groups, as a means of finding out more about leaders. The essence of a group is that a small number of individuals find they have a similar interest. It may be amateur dramatics, hockey or squash, play-reading, handicrafts, politics, botany or skating; whatever it is they want to talk about, they enjoy it, and need to share in it with other people, so a group is formed.

The individual must not lose her identity, but working together with others of similar aims, the result is a group which can achieve results out of all comparison with those which the individuals, working alone, could have attained. The group having found a common interest, the individuals stimulate each other, and their infectious enthusiasm creates increased vitality, and action results. It is interesting when many different speakers comment on the same fact; several lecturers recently have described the importance of groups in the world of to-day, one speaker going so far as to say that the community was, in fact, essentially made up of groups of about 10 people.

We like to find the group, which reflects our own particular interests, getting larger and larger. Growth is, of course, a sign of life, but it is not always the best for action. A group of from 6 to 15 is as likely to be active, alert and enthusiastic as one of 30, if not more so, and with greater numbers it becomes increasingly difficult to keep the group an active unit.

The individual must first find others who have similar interests, and to do this, talking is necessary. How many opportunities are missed because even in the close contact of life in a nurses' home many people prefer to remain silent about their unusual hobbies and interests, and these gradually become less important to them as a result, and may die of inanition through lack of stimulation and expression.

Those who look on nursing not just as an individual service but as a heritage being handed on from generation to succeeding generation, each of which moulds it and diverts its direction in countless ways, must first express their interest. They may then find that wonderful experience of finding that others share their perhaps vague and nebulous ideas, and these become crystallised and infused with new life and enthusiasm through talking them out together.

As others join this group, all linked by their common service in a chosen profession, the group becomes so great that it may spread throughout a nation, and then, finding groups with similar interests in other countries it becomes part of a great international group whose power for good is immense.

Looking at great organizations such as the International Council of Nurses of which there are member countries, it is easy to overlook the importance of the individual, but each one can take an active part in the small group, of which she is a member and of which the great organization is after all composed, and develop the qualities both of a leader of a small group and a member of a greater unit. An example of the collectivity of groups is seen in local government organizations in this country, or in the federal government in America. While this is a very democratic method, the danger lies in the unwieldiness of the group and in over centralization. The executive act must not be removed too far from the point it covers or there will be an analogy to "farming from Whitehall."

Some of the qualities considered by those who have studied the subject includes such attributes as the power to express the common aim of the group, appreciation of the social purpose of the group and belief in its value to the community, power to reflect the group's progress, ability to accept responsibility, power to delegate responsibility, imaginative insight, intelligence and judgment, "an interest in being just," force and firmness, power to coordinate, a sense of humour, and the ability to endure hostility in times of stress.

But, if the leader is dependent on the group, it will depend on individuals forming the group as to which qualities are called out. If the common aim of the group is constructive then the leader who expresses this best will be found; if destructive, then a very different leader will appear. Leaders change as the group's purpose changes for there can be no leader without a group.

We cannot sit back and blame the leaders if wrong decisions or policies are adopted as these primarily depend on the groups which gave rise to the leaders.

Every nurse can be a member of a group and is free to choose what type of group she will share in forming; she must then accept the ultimate responsibility for the actions of the organization of which her group is a part.

A group of happy nurses from the Swansea General Hospital

Topical Notes

Hospital Congress in Amsterdam

In the cheerful and friendly atmosphere of Holland the first post-war International Hospital Congress was opened on May 30, in Amsterdam. The first part of the congress was held in the beautiful hall of the Institute for the Indies, and the second part in Groningen. The President of the Congress, which was arranged by the International Hospital Federation, was Dr. René Sand, Professor of Social Medicine, Brussels University. Her Majesty Queen Juliana of Holland, who had graciously consented to honour the Congress with her patronage, was represented at the opening by Joukheer Roell. An address of welcome was given by the Minister of Social Affairs, Mr. A. M. Joekes. Dr. Sand, in reply, spoke of the appreciation felt that the Queen had shown such interest in the congress, and of the gratitude for the cordial invitation and welcome of the Dutch Government and the Dutch Hospital Committee. The progress of Holland in health and social welfare was well known; with much skill and tenacity they had achieved the lowest death rate and lowest infant mortality rate in spite of five years of death and destruction. They had undertaken to ensure for every citizen facilities for health, education, employment and sound recreation. A message of greeting from Dr. Block Chisholm, Secretary of the World Health organization, and a letter from the Minister of Health, Great Britain, were also received. Over 300 members from about 15 countries attended the congress, but with English and French as the two main languages, all were able to follow the speeches and discussions. Papers were printed in both languages. Two excellent papers were given by the nurse speakers: Miss R. L. Voorthuysen, from the Municipal Hospital, The Hague, who spoke on humanity in thehospital, and Mrs. B. A. Bennett, O.B.E., Principal Nursing Officer, The Ministry of Labour and National Service, and Chairman of the Nursing Service Committee of the International Council of Nurses, who spoke on modern trends in nurse training and practice. These and other papers will be reported later. In the evening, following the opening of the Congress, an official reception was held at the Rijksmuseum, the National Gallery, when the Burgomaster of Amsterdam received the guests and welcomed them to the beautiful city. After refreshments and music, the visitors were able to wander through the picture galleries and see some of the treasures of Holland in their rightful place. Later, guests were invited to go on to the Cultural Centre for dancing. Certainly the friendliness and hospitality of Amsterdam made an ideal situation for the Congress, and language difficulties seemed not to exist as French or English made each one able to talk with his neighbour.

Passing Through Holland —

The traveller's impressions may be superficial, but it is impossible to spend some time in any new country without feeling something of its atmosphere. During a brief visit we found that Holland had made a magnificent recovery since the war. Although she was one of the last countries to be liberated, even in 1945, gay flowers were being replanted in the gardens, for the Dutch feel that such things as flowers and new paint are not a luxury, but a necessity. Everywhere one has the impression of the quiet, unobtrusive industry which has reclaimed land from the sea, completed again the network of electric railways which runs all over Holland, to mention but two of the tasks which the Dutch have completed since the war. It is evident that a socialist government have been prepared to spend vast sums on rebuilding. Two of Holland's problems to-day are the danger of inflation at home and her war in Indonesia, where every day some Dutch lives are lost. In Holland the birth rate is rising steadily, and in Rotterdam alone the births last month were 800 more than the deaths recorded for that city. To the casual traveller, Holland appears to be prospering, with family life providing a very strong tie which even overcrowding cannot weaken.

—Belgium and France

Belgium to-day is rich as far as currency is concerned, but she has many problems because of her country being divided into Flemish and French-speaking peoples, Roman Catholicism and Protestantism. Liberated fairly early, Brussels became the "leave city" of the warrior, and here, to-day, if you can get the currency to go there, you may buy whatever you desire and forget that rationing ever existed. In France, this year, nothing is now rationed except sugar and coffee. The cost of living for the French is high, but one has the feeling that there is greater stability in a country which has had many new governments since the war. France is a country of individuals, and here you will find many different standards of living, but even the porter or the bus conductor has a wit and a brilliance which make you forget whatever shortcomings he may have. We may grumble about French politics, but every Northerner wants to go, at some time of his life, to France.

College Meetings at Cardiff

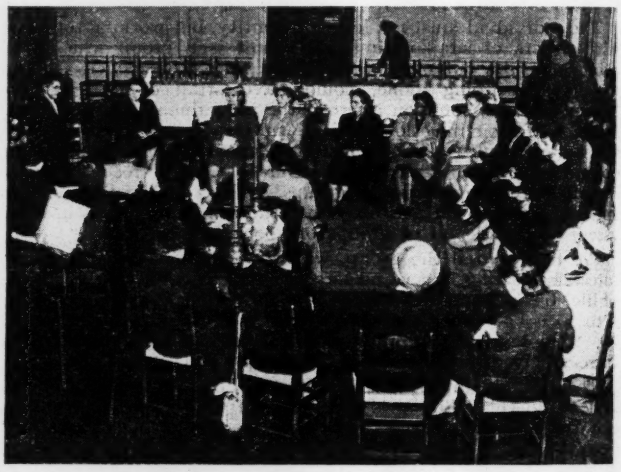
Cardiff will this year be the centre for the Annual General Meeting of the Royal College of Nursing, and the Branches Standing Committee, as well as the meetings of all the sections of the College. The meetings are being held from June 29 to July 2. Nurses who wish to attend should write to Miss I. G. Morse, Cardiff Royal Infirmary before June 14. The importance of taking a personal and active part in College business will be realized by all nurses, and to be able to combine participation in college affairs with visits of beauty and interest is not perhaps an unattractive prospect. A full programme of the meetings is published on page 474 of this number of the *Nursing Times*.

For Old People's Welfare

The population of old people is increasing and in view of the fact that more residential homes will be provided under the National Health Services Act, the Minister of Health is drawing attention to the importance of recruiting and training suitable senior staff for old people's homes, such as matrons and assistant matrons. The National Old People's Welfare Committee have arranged an experimental course for matrons of old people's homes of the smaller type. The course will be a residential one and will be from September 11 to 17. The Royal College of Nursing will also consider some of the problems of old age. At a Nation's Nurses' Conference on July 20 and 21, there will be discussions on the immediate and economic ways of helping the aged and infirm. The course is being held at the request of the Public Health Central Sectional Committee. Both the course and the conference should help to sort out some of the many problems which arise in the welfare of old people. Recent surveys have disclosed the distress in which a number of old people are living to-day, but it is to be hoped that this "discovery of old age" will mean the integration of the old person into life, and that he will not be singled out from the community in a way that reminds him constantly of his increasing years.

The Queen's Nurses Film

Friend of the Family is the name of the film on District Nursing acted by three Queen's nurses. When the film was completed in January, we published a number of pictures from it, and an article about it by Miss E. J. Merry, Education Officer of the Queen's Institute of District Nursing and Technical Adviser for the film. There have



Nurses from America, who are visiting London, learn about the work of the Royal College of Nursing. Extreme left is Miss M. F. Carpenter, Director of the Education Department of the Royal College of Nursing, addressing the group

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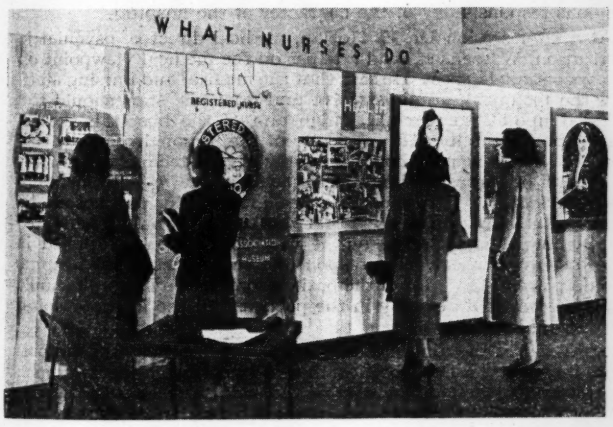
been several private showings of this excellent film recently. In 25 minutes, the audience is given a very real insight into the work of a Queen's nurse, and they see some of the variety and the drama she meets in her everyday round. The film is alive with real people against real backgrounds, in London, Hertfordshire and Pembrokeshire. It is accurate professionally, but it also has an appeal to the interests and emotions of the general public, as it is woven into a story; this ends on a tragic note by the drowning of the Pembrokeshire nurse. The essence of the film is that it shows the quick observation and understanding of the Queen's nurse, her friendly encouragement to the patient and the assurance which she gives him. The film has faithfully portrayed some of the best qualities of a district nurse, and it should draw the attention of the public to the fine work of district nursing.

Congress in Brighton

THE Royal Sanitary Institute held its annual Health Congress in Brighton recently. Official delegates came from all parts of the world; from as far away as Australia, and as near home as France. Delegates from Great Britain and Northern Ireland were present, representing municipal authorities, government departments, and learned societies. Representing the Royal College of Nursing were Miss B. Tarratt, Liaison Officer, Public Health Section, and Miss D. E. Lloyd, Tutor in the Education Department. The Royal Sanitary Institute was founded in 1876 to promote the application of the Public Health Act of 1875; its object was to promote the advancement of Sanitary Science in all its branches. Such congresses are annual events, and are valuable as a means of spreading knowledge of this science, which has become so much a part of our daily life that we accept services like clean milk and food, veterinary hygiene, sewage disposal, and the presence of allied workers such as the Medical Officer of Health, the sanitary inspector, and health visitors without realizing what public life would be without them. There were many prominent speakers on all branches of sanitary science. At the conference for the health visitor, who is considered by many to be the key worker in the Public Health Service, was Mrs. A. A. Woodman, M.B.E., superintendent health visitor, East Ham, who addressed the delegates on *The Health Visitor's Relationships with other Officers and Voluntary Workers*. Professor A. Topping, F.R.S., T.D., M.A., M.D., F.R.C.P., F.R.S.E. Professor of Preventive Medicine, University of Manchester, addressed the Conference on Preventive Medicine. William Gissane, M.B., Ch.M., F.R.C.S., Surgeon in Chief, and Clinical Director of the Birmingham Accident Hospital and Rehabilitation Centre, spoke on the work of his hospital and impressed on his audience the need for providing proper casualty departments where injured people may be seen at once by the surgeon. These are only a few of the important speakers at the Congress, and there is still a great need for the nurse, who is actually working in the public health field, to be released from her daily duties at the time when these congresses are being held, so that she may add her contribution to the discussions.



An American Nursing Exhibition

A NURSING EDUCATIONAL EXHIBITION entitled *What Nurses Do* has recently been organized by the State Headquarters of the Ohio (U.S.A.) Nurses' Association in collaboration with the Cleveland Health Museum. This is the first time that a nursing exhibition has been held showing all phases of the nursing profession. The object of the exhibition is threefold. Firstly, to attract qualified women to the nursing profession for America, like this country, finds that they are faced with an ever increasing demand for nurses. Secondly, to make the public more aware of the value of the nurses' work to the community. Thirdly, to show to the would-be nurse the varied and interesting opportunities which are open to her in the six major fields of nursing, once she has obtained her certificate. Details of the various duties called for in every field were also shown. This exhibition was prepared in the workshops of the Cleveland Health Museum and shows Student Nurse Education, Post-graduate Education and Training, Public Health Nursing, School Nursing, Industrial Nursing, and Private Nursing. An interesting side to the exhibition was the collection of 77 caps worn in the various Ohio Nursing Schools.

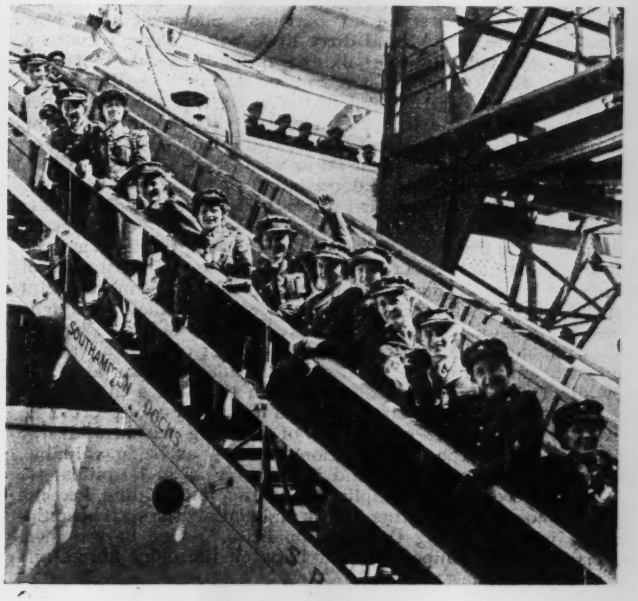
Statistics of Deaths

DEATHS from heart disease, and cancer are higher this year. This is shown from the medical tables of the Registrar General's Statistical Review for 1947 (obtainable from His Majesty's Stationery Office, 6s.). Of the total death rate for that year, 515,591 civilians, 144,570 of these deaths were due to heart disease, while 77,649 were due to cancer. Diseases of the coronary arteries and angina pectoris showed an abnormal increase, 33,168 for 1947, 28,580 for 1946, with a further drop to 15,409 in 1938. Changes in sex and age structure of the population must be discounted to get a true comparison between the two years, and when this is done a total increase of 80 per cent. in mortality is attributed to this cause over the nine years. More men than women die of cancer. Deaths from diphtheria continue to fall; among children under 15 years of age, three per million died from scarlet fever; deaths from measles increased to 69 per million with a slight increase in deaths from whooping cough to 99 per million. The number of people who died of acute poliomyelitis during 1947 was 48.4 of the 7,103 civilian cases notified, by comparison with an average of 97 deaths for the previous 10 years.

Rehabilitating the Paralysed

THE welfare of sufferers from all forms of paralysis is to be taken up by a new department of the British Council for Rehabilitation. The department is called the National Association for the Paralysed and it will also be concerned with the general care and treatment of cases. The decision to take this step was made at a conference in 1948, which was attended by representatives of the government and of voluntary organizations. It was felt that there was need for a definite line of action amongst those striving for the welfare of the paralysed. There should be a single representative body which could take up their problems and gather information about their specific needs. A register of the paralysed will be compiled. It will form the statistical basis necessary for long-term planning in cooperation with government departments, local authorities and voluntary organizations, and will include details of individual difficulties and living conditions. The new association asks that all those who are in touch with a paralysed person should send the name and address of the sufferer, and, if possible, naming the type of paralysis, to *The Registrar, The National Association for the Paralysed, The British Council for Rehabilitation, 32, Shaftesbury Avenue, London, W.1.*

Below: *sisters of the Queen Alexandra's Royal Army Nursing Corps on the gangway of the troopship "Dilwara" en route for Singapore*



CONGRESS IN HOLLAND

Left: Mr. A. M Joekes, Minister of Social Affairs welcomes delegates. Centre is the President of the Congress, Dr. Rene Sand, and on Dr. Sand's left is Jonkheer Roell, who reresented Her Majesty Queen Juliana.

THE VOCATION, AIM AND TASK OF HOSPITALS

By M. L. WENGER, Editor of the *Nursing Times*, who attended the International Hospital Federation Congress in Amsterdam, as the representative of the Royal College of Nursing

THE subject of the first session of the first post-war congress of the International Hospital Federation in Holland was *The Vocation, Aim and Task of Hospitals*, and a nurse was the first speaker. Miss R. L. van Voorthuysen, matron of the Municipal Hospital at the Hague, introduced the subject from the nursing point of view by saying that she had been asked to speak on the principle of humanity in Dutch hospitals. This sounded strange as humanity and hospitals belonged to each other and organized nursing, which was more or less as old as Christianity, was based on Christ's teaching to love our neighbours.

In Holland the first hospital was founded at Utrecht in the thirteenth century, then a number of others were founded, both public and private, the latter being Roman Catholic, Protestant, Christian or of voluntary organizations. But in all the types of hospital, said Miss Voorthuysen, " humanity is one of the guiding principles; there is a very well-known principle, " consider every patient as a guest in your own house," and this is one of the leading principles we aim at, although we are often further away from it than we should like to be.

A nurse must understand her patients. She must know how to deal with the excited and dirty little boy brought in with a broken leg from playing football, and, quite differently, with the old lady in hospital for months and months in a medical ward. This patient's life was centred in the ward; she must have her few belongings on the bedside table, and the nurse must know just where she liked her glass of water, her clock, her flowers or her perfume. The nurse must know who lay in the bed. What mattered was the nurse's understanding of the patient's needs.

" The training of the student nurse in Holland first of all deals with the practical side of bedside nursing," said Miss Voorthuysen; " the difference from some other countries lies in the fact that the Dutch trained nurse is a really practical nurse, doing all sorts of simple work concerning the patient, as well as the most skilful and elaborate nursing techniques. In the patient they are taught to see the human being, who needs help and who has to be met with a human understanding. " Nursing first of all is a work of the heart, and not of the intellect " said Miss Voorthuysen.

Dealing with the relationship between the nurses themselves, Miss Voorthuysen emphasized the need for the humanity principle there also, and spoke of the use of Training within Industry methods such as the Job Relations sessions as being valuable. The same problems were found in industry as in hospitals; we needed : " freedom and discipline, educating and guiding, keeping a good atmosphere and proper style, and making the staff hospital-minded without losing their personalities." One of the most important relationships was that between the older nurses and the younger ones.

On the relationship of the nurse to the hospital, Miss Voorthuysen said that the atmosphere and style of the hospital was determined by the attitude of the staff. They could not withdraw themselves from the duty that together they made the community of the hospital.

Speaking of the relationship of the hospital to the community outside, Miss Voorthuysen recalled the tasks of the hospitals in former days when they carried out all sorts of charity. The roofless received shelter, the thirsty were given drinks, the hungry were fed, the naked were clothed, and ill people were nursed. Gradually this changed until the hospitals were concerned with the care of the sick only. Now the task of the hospital was widening again led by the principle of humanity. The task was more complicated, but hospitals could only fulfil their tasks if led by the principle of love for mankind, the principle of humanity.

A hospital chaplain was the next speaker, Dr. A. M. Spiering of the University Hospital, Groningen. He emphasized that the early hospitals, not only those originating from Christian associations were concerned with the spiritual aspect, but in more recent years the attention had been given—not wholly but to a great extent, to the material side. The protection of the community against contagion, and good treatment and nursing for the patient remained in the foreground, and the mental side was not considered an urgent question.

Now there had come into medical science a new persuasion, the psychosomatic view and therapeutics. The physician could do best when the patient knew spiritual peace of mind, while the minister of religion found that nowhere were people so accessible to spiritual conversations as in a hospital. All must work together —surgeons, nurses, laboratory technicians, ministers—so that no effort was lost in the welfare of suffering mankind.

A stay in a hospital, said Dr. Spiering, often meant a great change in a patient's life. This showed the great moral and religious responsibility of the character of the hospital.

At a later session Dr. E. Hoelan, medical director, psychiatric institution, Wassenaar, read a paper on the medical viewpoint on the voccational aspect He said that the medical and nursing staff, and the technical, administrative and domestic staff should feel " called upon " to reach the high aim of the hospital, the re-integration mentally and physically of the personality of the sick person. The hospital should not only give a technically perfect treatment of organs, it should help the *human being* both mentally and physically. The present day interest in psychosomatic medicine gave reason to hope that this opinion would be adopted widely in medical circles, but it was not yet being applied in hospitals everywhere. The responsible authorities of the hospital should place the interest of the patient foremost. The staff should also be interested not only in the patient but also in the hospital as a living institution.

Speaking of the aim and task of the modern hospital as apart from its vocation, Dr. Hoelan said there were two important goals in addition to that of the care of the sick. One was the service and promotion of medical science : the other the training of doctors and specialists, and he enlarged on the essentials and problems of these two tasks.

Concluding the session, Dr. René Sand, President of the Congress, said how glad he had been to find the Congress had begun, not with cooking arrangements and operating theatre plans, but with what the patient needed most, spiritual comfort.

No discussion was held on the subject of the session which was perhaps fortunate as to many, studying the reality of hospital services at the present time, it would seem that the focus is no longer on the individual, to whom humanity can best be expressed but on organization and planning, beneath which the identity of the human being is apt to be lost.

THE JONES-THOMAS FRAME

The Royal Cripples Hospital, Birmingham Pattern

By G. K. ROSE, Esq., F.R.C.S.

Surgical Registrar, Royal Cripples Hospital, Birmingham. Clinical Assistant, Dame Agnes Hunt and Robert Jones Hospital, Oswestry

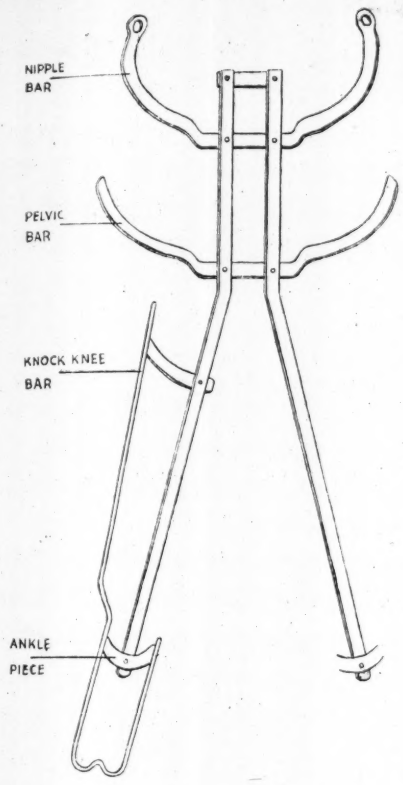


FIGURE 1

Left : *the spinal frame*

BECAUSE it is believed that, except in a few centres, the uses and advantages of the Jones-Thomas Frame are gradually being forgotten, an attempt is made here to describe in some detail the particular pattern of the splint manufactured and used in this hospital. No originality is claimed for any part of this splint, nor is it claimed that it is better than the frames used in other centres, which, differing in detail from it, are in effect its brothers. All the frames have been developed from the splint originally used by H. O. Thomas and modified by Sir Robert Jones. Various users have modified them, so that though their relationship is evident, they may differ considerably. This splint is described, because the author is most familiar with its advantages and disadvantages, and because once one of these splints is thoroughly understood, the same general principles apply to its brothers which can be looked at with a kindly, if sometimes critical, eye.

The Sister's Responsibility

We hope this description will help those using the splint to realize that it is wholly functional, that no part of it is there for ornament, and that only its completely informed use can produce full benefits to the patient. Further, the splint is to be regarded as part of the ward sister's equipment. She is responsible for it being used to the best advantage, and, more important perhaps, she must see that all working under her understand the splint, and report any aberrations to her at the earliest moment.

The frame is described here only as a method of treating tuberculosis of spine or hips, but it has, of course, other uses. Sir Robert Jones strongly recommended it for fracture of the low spine, pelvis and neck of the femur in the first World War, particularly in compound injuries. The same general principles apply, however, and once its correct use for tuberculosis is appreciated it can be easily used in other appropriate conditions. Two main types of splint are used : the double straight frame for disease of the spine, and the single or double abduction frame for disease of one or both hips.

H. O. Thomas taught that in tuberculosis of bone the affected part must have : " rest, enforced, uninterrupted and prolonged." If this is to be achieved a splint must : (*a*) hold the part accurately and comfortably in whatever position is chosen without undue pressure on bony points with its consequent sore formation, or on soft tissue with subsequent wasting; (*b*) allow as much exposure of the body to light and particularly to air as is possible (not only must the patient become pigmented, but he must have a raised metabolism; this is accomplished most effectively over a prolonged period by cool moving air on the skin); (*c*) allow easy nursing without undue disturbance of the patient; (*d*) avoid the development of secondary deformities and allow gradual correction of, or compensation for, those deformities which are present; and (*e*) be relatively simple and cheap to make, yet robust, so that disturbance of the patient for repairs is minimal.

THE STRAIGHT OR SPINAL FRAME

The basic portions of any frame are the longitudinal bars which run down the back of the trunk. They extend from the level of the seventh cervical spine to a point just proximal to the ankle joint. They are parallel from the upper end to the level of the posterior superior spines. Here they diverge, and the angle of divergence is such that they pass below the centre of the hip joints. This provides maximum support for the patient and allows of easy nursing. In the parallel portion the bars are separated by a distance equal to that between the tips of the transverse processes of the patient's lumbar vertebrae. In the average adult this is about two and a half inches. Arising from these bars from below upwards are :—(*a*) ankle pieces; (*b*) knock knee bars and their supporting bars; (*c*) pelvic bars; (*d*) nipple bars; and (*e*) connecting bar. The last three provide support for the longitudinal bars. All bars are made of mild steel which varies in size according to the patient. One inch by a quarter of an inch is satisfactory for an adult except for the pelvic and nipple bars which are one inch by one-eighth of an inch or seven-eighths by one-eighth of an inch.

Ankle Piece (see figure 1).—This is a semicircular rigid bar which embraces the leg above the malleoli, and is riveted to the distal end of the longitudinal bar. It is made of metal seven-eighths by one-eighth of an inch, padded and covered with

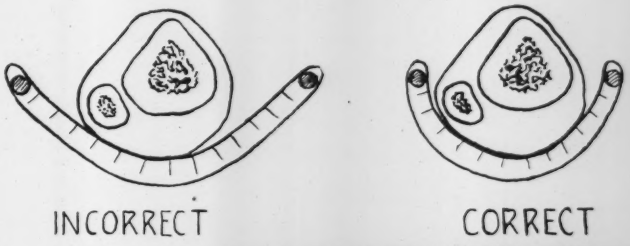


FIGURE 2

Above : *a cross section of the ankle piece showing the correct and incorrect shape*

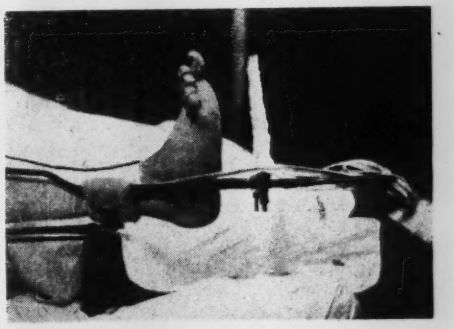
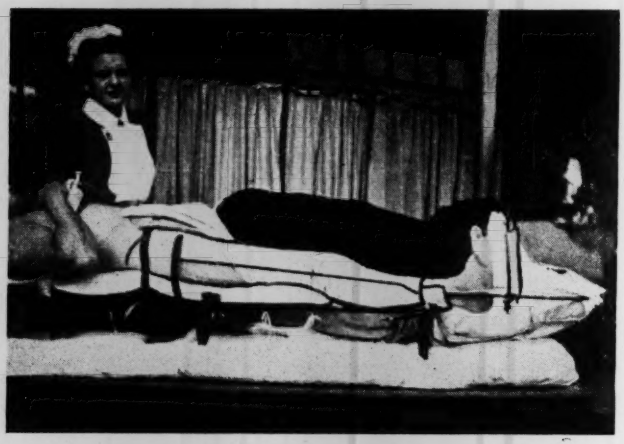


FIGURE 3

Right : *the correct position of the ankle piece in relationship to the ankle*

chamois leather. It is important that, though it does not grip the ankle tightly, it should be of such a diameter that it just touches the skin on either side: the wide circle frequently seen does not adequately control rotation of the leg.

Knock Knee Bars.—These extend from supporting bars at the upper part of the thigh to the ankle pieces, and in our frame are continued in Thomas bed splint ends to support the gallows. It is essential that these bars should be accurately in the horizontal axis of the thigh and knee, for the purpose of the bar is to prevent knock knee, which would occur from the action of the powerful adductor group of muscles if the leg were only held at the ankle. A frequent grave error is that insufficient allowance is made for saddle thickness during frame manufacture and consequently these bars are nearer the lower border of the thigh than its axis. These bars are made of quarter inch mild steel rod (see figures 2 and 3, and 4, 5 and 6).

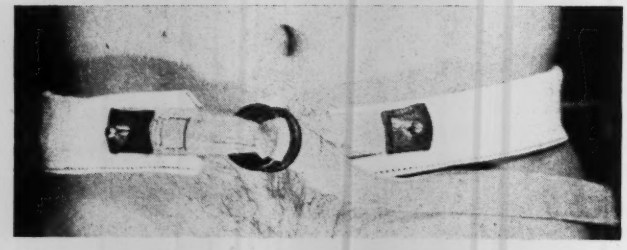


The knee and lower part of the femur is secured to the knock knee bar by a bandage as shown in Figure 6. Obviously it must embrace the lower end of the femur if it is to be effective. It has a secondary use in holding the thigh down to the saddle and frame. In the adult this bandage should not be more extensive than described above because one of the great beauties of this splint is the relative freedom of large areas of muscles from pressure, and these groups—the thigh and calf muscles—can be exercised from the day the patient goes on to the frame. In children, however, it is sometimes impossible to hold the legs by a limited bandage, and the whole leg must be bandaged to the frame. Here, of course, common sense, as always in surgery, must triumph, and the more extensive bandaging used only during the period in which rigid immobilization is necessary. Remember never to bandage over the upper supporting bars in any case, as these will be pressed into the skin causing sores (see figures 2 and 3, and 4, 5 and 6).

Pelvic Bar.—The purpose of this bar is to prevent pelvic movement and for this reason it should lie just below the iliac crest, and be carefully moulded to embrace the pelvis without undue pressure. It is the custom in some hospitals to have this bar above the iliac crest, but it can be demonstrated that even in the best immobilized cases on such frames, up to two inches lateral movement of the pelvis is possible. For success with the pelvic bar on this splint one needs a reasonably malleable material which can be accurately moulded by means of a wrench, and which does not break off when this is done many times. At the same time, if too malleable, the bar will be distorted by the pull of the groin straps, despite the fact that this pull is parallel with the broad side of the bar, and therefore encounters the maximum resistance of the metal. The bars need to be connected across the front of the abdomen by a strap—the adjustable one shown in Figure 7, is very useful. If the bars are not so connected, in order to be effective they need to be made of a very rigid material which precludes moulding. The soft leather previously used as a connecting strap tended to stretch and allow the bars to become slack (see figures 7 and 8).

FIGURE 7

Below: *The adjustable connecting strap for the pelvic bars*



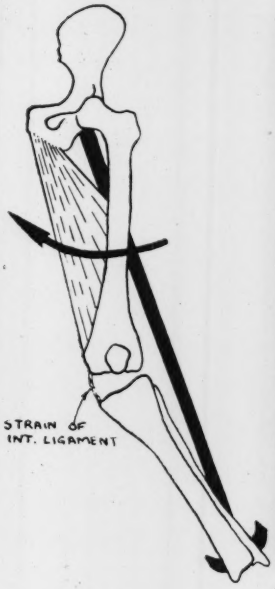


FIGURE 4

Left: *the knock knee bar — note its accurate positioning in the longitudinal axis of the thigh*

FIGURE 5

Above left: *the effect of the abduction spasm on a limb held only by the ankle piece, and having no knock knee bar or bandage*

FIGURE 6

Above right: *a view from above showing position of knock knee bandage relative to the knee joint indicated by dark line*

The bars should be moulded as in Figure 9, where the normal leather covering of the metal has been removed for clarity. It will be seen that they are waisted like the cross section of a cottage loaf to embrace both saddle and patient firmly but lightly, following accurately the contour of the pelvis. Figure 10 shows the level of the bar relative to the iliac crest, and the later X-ray of this patient (Figure 10a) shows that this position is reasonably related to the bony pelvis to secure immobilization.

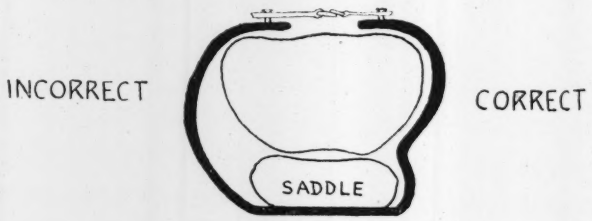
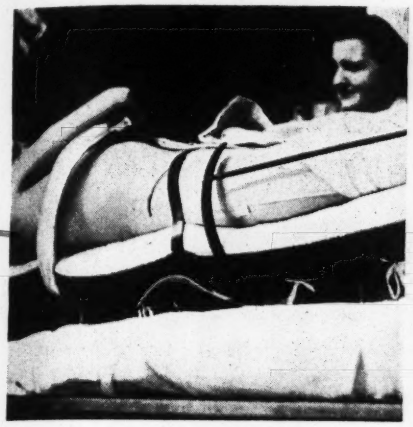
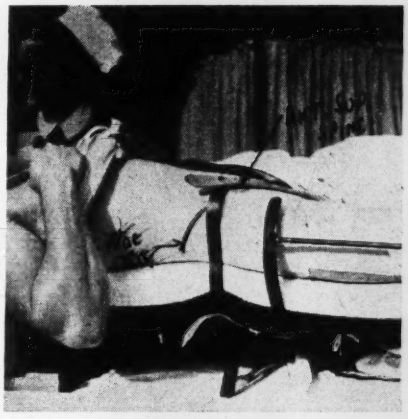


FIGURE 8

Above: *a cross section of the pelvis showing the correct and incorrect moulding of the pelvic bars*





FIGURES 9 & 10

Above : a well moulded pelvic bar. The dark line on the skin is the iliac crest

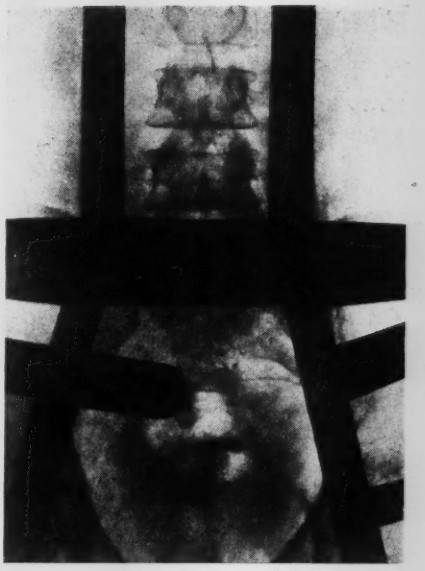


FIGURE 10A

Right : the correct placing on the frame secures immobilization

The Nipple Bar.—This should be at the level of the nipples or just above in the male, and just below in the female. It must be moulded like the pelvic bar, but the same close apposition cannot be maintained as respiration must be allowed for. However, accurate moulding is everything, and the bars are then joined and secured over the shoulders, as shewn in Figure 11, by extension wick, which is covered with a soft leather tube where it passes over the shoulder. The knotting of these wicks to the rings in the ends of the nipple bars is important. If this is not done the pull on the wicks necessary to close the nipple bars is transmitted over the shoulders and gradually causes the patient to travel down the frame.

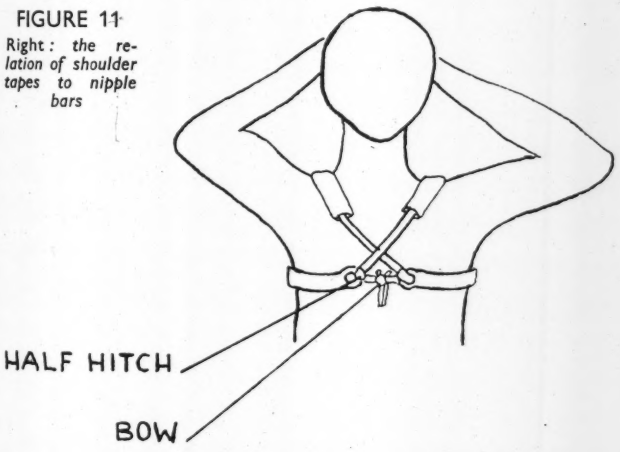
Headpieces.—Patients with disease in the lumbar region or below are not usually provided with headpieces : their head is supported by pillows only. However, when the disease is higher a headpiece must be provided. Three types are available : (1) flat; (2) sunken, and (3) a cap headpiece. The flat headpiece consists of a racket-shaped metal frame covered with leather as shewn in Figure 12. It is used when support only of the head is required and does not provide lateral or rotational immobilization. It is used in low dorsal disease to prevent extension of the cervical spine over the top of the frame causing secondary movement lower down. Like all head supports it is attached to the longitudinal bars by the " handle " which is suitably curved to correspond with the cervical spine.

In cases of mid-thoracic or higher disease much better fixation is required, and this can be achieved by a sunken type, or in difficult cases, such as children or those with paraplegia, by a cap headpiece. In making a sunken or cap headpiece a cast should first be made of the head coming well down over the occiput and mentus. From this a chamois lined block leather, or a soft leather cast of the back of the head is made and fixed within the metal racket to make the sunken type (Figures 13 and 14). For a cap headpiece a complete block leather cap is made well embracing the mento-occipital diameter. It opens at the sides by slits which are closed with buckles. This enables the cap to be put on, and once on, complete control of the head is achieved. The cap itself, which should be well ventilated, is attached by straps to a semi-sunken headpiece.

Additional aids to immobilization of the cervical spine are temporal pieces as shown in Figure 13, and the addition of a Doll's collar which embraces the neck and headpiece bars.

FIGURE 11

Right : the relation of shoulder tapes to nipple bars

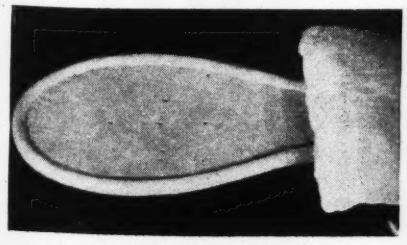


ABDUCTION OR HIP FRAME

Originally this frame differed from the straight frame by having the longitudinal bars hinged in the horizontal plane at the level of the hip joint. One or both of the bars were so hinged depending on the condition being treated. In our model, to decrease sagging of the frame permanently raised from the bed,

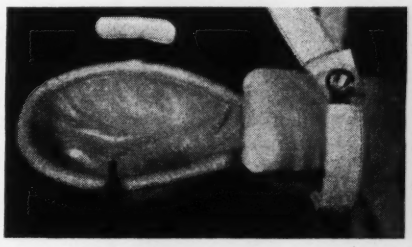
FIGURE 12

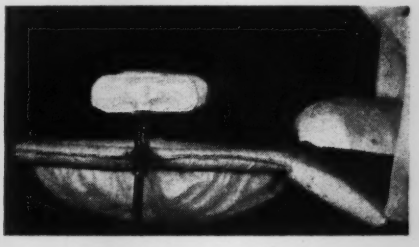
a flat headpiece



FIGURES 13 & 14

two views of a sunken headpiece showing also temporal bars





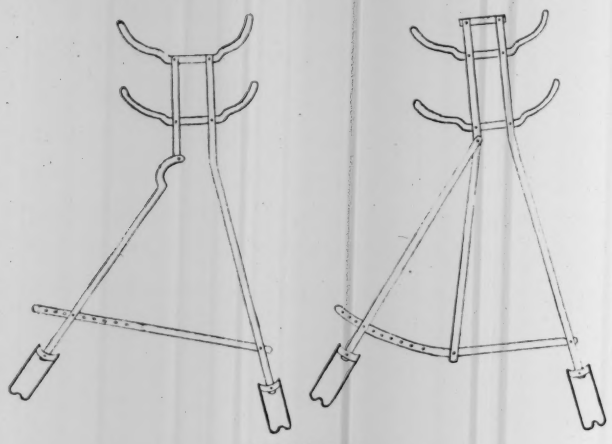


FIGURE 15

Above : *the original (left) and Woodlands (right) type of abduction frame*

the longitudinal bars are carried down to the level of the patient's ankles, and the hinged bars are fixed on top of these. The amount of abduction is determined by a screw which passes through this abducting bar just proximal to the ankle bar which it now carries, and through an arc-shaped abduction bar which has many holes so that adjustment of the degree of abduction is always possible. The hole in the hinged bar is usually elongated into a slot three-eighths of an inch long to facilitate apposition at all points of the arc (see figure 15).

The complete knock knee preventing apparatus is carried on the movable abducting bar, and is, of course, particularly important when there is frank abduction spasm in the hip.

When hip disease is being treated, complete leg and thigh moleskin traction is employed, the tapes being secured to the Thomas extension piece as in Figure 3. If full control of the pelvis is to be obtained, traction must, of course, be employed on both legs even though only one hip is diseased.

In order to provide counter traction a groin strap is employed : in the past, the groin strap has been attached to the anterior and posterior ends of the pelvic bar, the anterior attachment using the stud for the connecting strap. This has its disadvantage, as the counter traction force of the groin strap applied to the anterior end of the pelvic bar tends to deform it downwards. For this reason the anterior end of the groin strap should be attached to a separate stud placed laterally on the pelvic bar where the leverage is much less. Furthermore, this brings the strap to lie in the pelvic crease.

In acute disease with considerable spasm, traction should be in the line of deformity, and, therefore, the groin strap is employed on the affected side. When the spasm has largely subsided the strap is transferred to the opposite side to correct the deformity as shewn in Figure 16. Finally, when the required position is attained, a groin strap should be used on both sides.

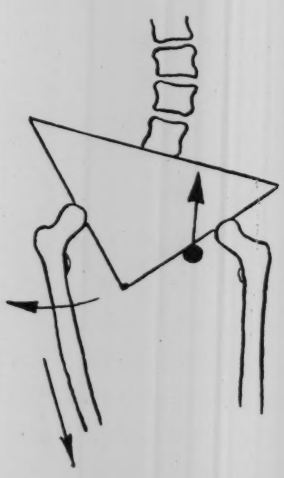


FIGURE 16

Left : *the forces involved when a groin strap is employed on the opposite side to the affected hip. The resulting force is seen to be abducting*

FIGURE 17

Above right : *hip flexion which occurs if a frame is supported at the top and bottom only*

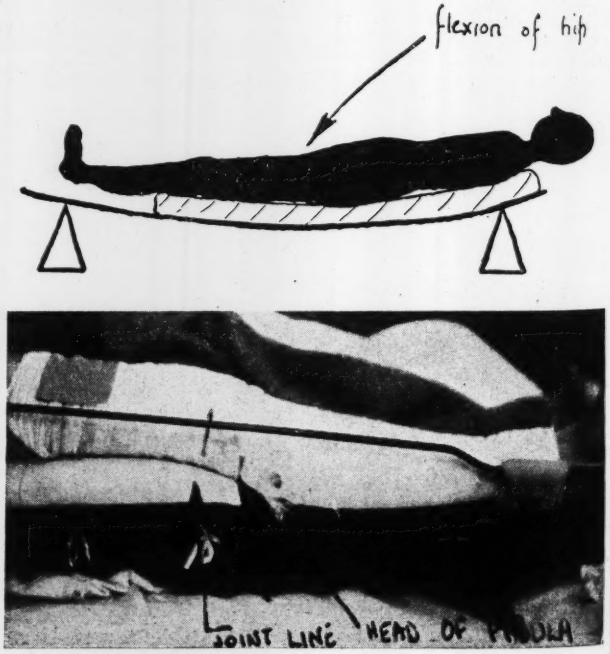
FIGURE 18

Right : *the correct level of the saddle in relation to the knee joint and head of fibula*

Frame Stands.—The frame, as originally designed, was placed directly on the mattress supported by fracture boards. However, if this is done, in order that the bed pan may be used, either a divided mattress with a pull out square at the appropriate level must be used or the frame lifted on to blocks. The latter involves so much work that it usually results in the frame remaining permanently on blocks with two undesirable results : (1) the frame is unstable and may fall off a block, seriously jarring the patient; (2) (insidious and very important) the blocks are usually placed only at the foot and head of the frame which, in consequence, gradually sags producing a flexion deformity of the hips as in Figure 17. The frame direct on a divided mattress is, undoubtedly, the best position, as it prevents draughts below the patient, but, because at present in this hospital such beds are not available, the frame is supported on three permanent metal stands attached to the frame. One is placed at either end of the frame and one at the level of the hip joints. This does not interfere with the use of the bed pan owing to its open construction.

The Saddle.—The saddle is made of soft durable leather on the side in contact with the patient, and of rexine on that side which goes to the frame. It is padded with wool : blanket combings only are available at the moment, but these are inferior to sterilized lamb's wool. Besides being softer, the lamb's wool contains a good deal of fat, which permeates the saddle and helps to soften it, whilst blanket combings have been washed completely free from grease. A patient who was accustomed to the present day saddles happened to have a saddle replacement which, unbeknown to her, was filled with re-sterilized lamb's wool taken from an old saddle. Within a few days the increased comfort was apparent to her.

The saddle reaches from the seventh cervical spinous process to a point level with the base of the head of the fibula. Figure 18 shows how natural a correct fit looks, and that this part of the saddle should be accurate is of vital importance. If it is too short subluxation of the knee will occur, an orthopaedic crime of the first magnitude. If it is too long, wasting of the gastrocnemius and soleus will follow with secondary calcaneo-valgus—if not a crime, a very serious error. The other important measurement is the position of the crutch. If a finger is placed in this, it



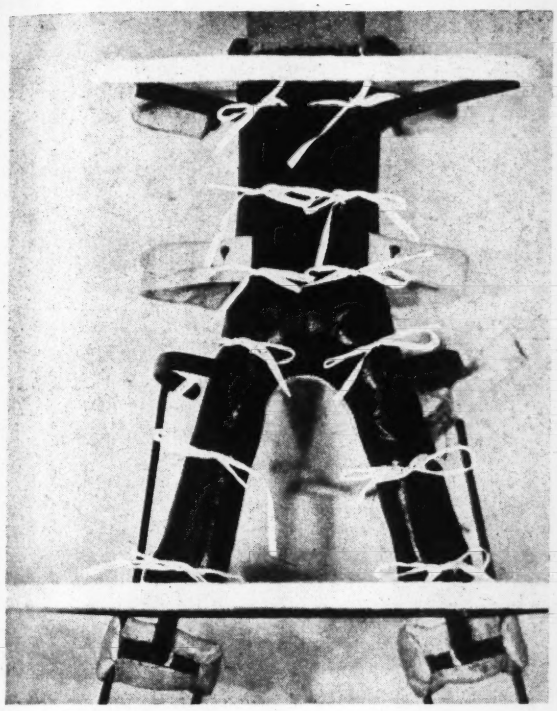


FIGURE 19

Left : fixation of the saddle to the frame by tapes. View of the underside of the frame. Tapes of rather exaggerated length have been put on for demonstration purposes

should just strike the coccyx, and, as will be emphasized later, with correct nursing, this examination should always be a sanitary manoeuvre. If too low at this point the saddle will become soiled, and if too high, the buttocks become oedematous and indurated owing to their herniation between the leg pieces.

The body of the saddle when padded should be equal to the width between the tips of the scapulae, and the leg pieces half this width, although if the patient is particularly plump the leg pieces should be made half an inch broader. The padding should be firm enough to prevent the patient sinking into the saddle to any great extent. On the other hand it must not be so firm that the patient tends to roll off. Because the patient does tend to " bed-in " slightly (and this plays a considerable part in subsequent immobilization) it is particularly important that the correct position should be achieved when the patient is first put on the frame, and maintained accurately during the first two or three weeks. The patient should not be allowed a bedside locker for the first week, and it should be changed from side to side daily for three weeks or so, as otherwise, before the padding has settled, a tilting deformity of the saddle always occurs towards the locker. Similarly, if the patient is placed in a corner bed with a companion on one side only, a tilting will occur, and this is particularly marked in children.

In cases where there is a knuckle kyphos the leather and padding is hollowed out opposite the prominence, and the cavity so formed lined with chamois leather.

The saddle is attached to the frame with multiple tapes as shown in Figure 19. Again care to get these tapes correctly placed in the first place is essential to produce perfect working conditions.

NURSING

NURSING a patient on the Jones-Thomas frame, of course, includes application of the knowledge and experience embodied in the whole of this paper. Only if the nurse knows and sees that the splint is being efficiently used at all times can the treatment be relied upon. The sister in charge of the ward is the person who is really " using " the splint, and she must train her nurses to spot and report to her any deviation of the patient from the correct position. Such an inspection is conveniently made two or three times a day when the patient is given a bed pan or washed, and nurses must be taught that every time they do this they must run a " seeing " eye over the patient's position.

A patient can usually remain in comfort on a frame for a fortnight or so before the first turning, but this, of course, varies with the patient, and if the sister, from experience, thinks that for some reason the skin of the patient is abnormally delicate, such a patient must be turned before he or she complains. Restlessness at nights is a frequent sign that all is not well in this respect.

The place where sores can occur in a few days if the patient is incorrectly nursed is the buttock area, but they will not occur if a regular routine is adopted based on meticulous cleanliness. Every time the patient has a bed pan the buttock area and the saddle in this area must be carefully and thoroughly cleaned with soap and water. The area and the saddle are then dried, and a handful of cream made from a superfatted soap rubbed into the buttock area until it has disappeared. Finally, the skin is powdered, but only when it is thoroughly dry. Spirit is dangerous for it tends to make the skin dry and brittle, and, if it contaminates the saddle, will soon make it crack. It is not necessary, and many orthopaedic sisters who have had up to 40 years' experience, have never used spirit. The aim is to make the skin like soft leather and the leather like skin.

The buttock area can easily be reached with the hand without disturbing the patient and inspected, if necessary, by means of a hand mirror. The back cannot be reached but the average patient will go up to a fortnight in the first place without attention, and for increasing periods as they get used to recumbency, so that turning is eventually done for other reasons than the prevention of sores, *i.e.*, the prevention of recumbency calculus formation.

Cases with tuberculous spines should be turned with the aid of a turning case. This is a plaster case made to fit over the patient whilst he or she is lying on the frame. Such a case is lined with stockingette and padded opposite the bony points with felt. This case is laid over the patient, and the sandwich of case, frame and the patient are strapped together. This is then carefully raised, turned and lowered by six people, three on each side. The turning machine recently invented by Mr. F. C. Cullen, of Bristol, has proved excellent in reducing the number of people necessary for this manoeuvre.

The straps are now undone and the frame removed. The patient's back is inspected and carefully and completely washed, with a subsequent soap rub-in. The frame is inspected, the saddle washed and dried, repaired or replaced if necessary, and the patient usually turned back within 24 hours, for turning cases are not as efficient in their immobilization as the frame. This is because they are usually shallow, and, in addition, patients with dorsal caries tend to lift up their shoulders to relieve pressure over the clavicles, and cause movement at the site of lesion. Head halters, and cross straps used to prevent this are resented by patients after a few days.

In hip disease it is not necessary to use a turning case, although it is usually the practice in this hospital. The frame can be drawn to the side of the bed, tipped up so the patient tends to fall slightly away from the saddle when a hand can be passed between saddle and the patient's back to do the necessary cleansing, etcetera, already described. The most important point of nursing in hip disease is the management of the groin straps. These should always be loosened several times a day to treat the skin of the groins, and the straps themselves, which must be carefully cleaned after the bed pan is used. Before this is done for whatever purpose, the foot of the frame must be raised a few inches on a block, otherwise when the strap is released traction will be lost, and this then needs to be regained by subsequent tightening of the tapes. If this process is repeated a few times the patient gradually travels down his frame, and serious malpositioning can occur.

The frame should be elevated and the straps released only after the bed pan has been used. The frame should never be tilted when the pan is being used as the saddle may become grossly soiled and urine track down the back causing sores.

In any case, a piece of tow should always be placed between the nates to prevent undue soiling before a bed pan is given. When reapplying the groin strap, pull downwards and inwards, and still maintaining this pull, bring it round and fasten. Otherwise, the tender skin of the groin may wrinkle and be abraided, and a sore initiated.

If the calamity of a groin sore should develop, the frame should be kept tilted all day except when the bed pan is used. This takes pressure off the groin and the skin may be further protected by rolls of lint about three-quarters of an inch in diameter placed between the groin and the strap on either side of the sore.

When a headpiece is used, particularly the sunken type, the hair must be clipped short over the pressure area and *Ung. Hydrag. Ammon.* applied to prevent *Pediculi capitis*.

The Correction of Deformity

One of the great advantages of a frame over plaster fixation is that deformities can be more easily appreciated and corrected. The curves of the spine, and the relationship of the femora to the line joining the anterior superior spines can always be inspected. On the other hand, a plaster splint retains its outward perfection whilst deformity may be occurring within it. A well-known example of this is the flexion adduction deformities which can easily occur in a hip spica. Further, on the frame the deformity can be corrected by slow, painless and gentle daily stages in those cases with mobile joints, whilst the frequent changes of plaster necessary if plaster splintage is to be employed will unnecessarily traumatize the already diseased part, and interfere with adequate rest therapy, in addition to being more time-consuming for already overworked staff.

In hip disease with severe flexion deformity, which, in the early stages, is due to muscular spasm, the patient may require an anaesthetic to put him on the frame, or he can be placed on the frame with the affected leg elevated in a Thomas splint with traction in the line of deformity. In the latter case as the spasm subsides, the limb is gradually lowered, and the splint removed. In both cases subsequent correction is then maintained by the use of a groin strap as already described.

With Kyphosis in spinal tuberculosis one should have an accurate idea of one's ultimate aim. Except in paraplegia, the straightening out of a kyphos should not be attempted. Collapse of the vertebral body is part of the healing process and the wedging apart of this diseased bone delays consolidation and carries the risk of dissemination. However, straightening of the general alignment of spine should be undertaken, not so much by increasing the long curves, as by flattening the spine as near to the kyphos as possible.

The different types of curves are shewn in Figure 20, and the use of a flexed frame over the site of kyphos with blocks between it and the saddle to produce the desired curve is shown in Figure 21. If a straight frame which has not been flexed is used, type 20 (b) curves will be produced, with flexion of the hips.

Frame Sickness

Patients, when first placed on a frame, often experience nausea which may proceed to copious vomiting. If this is allowed to continue, the outcome may be fatal from acute dilation of the stomach or paralytic ileus. Treatment is simple if promptly applied. In cases of spinal disease the legs should be allowed to flex on pillows, and then gradually lowered as the condition clears. In hip disease the patient may be sat up with a back rest, or removed from the frame, the patient gradually being brought into the flat position whilst traction is applied to the affected hip on a Thomas bed knee splint. In more serious cases, continuous intragastric suction with appropriate intravenous fluids to restore the normal blood chemistry will be necessary. The cause of the condition appears to be sympathetic dysfunction consequent upon hyper-extension of the spine and psoas traction.

Paraplegia

The frame is particularly suitable for the treatment of Potts paraplegia of the first type according to Seddon and Butler's classification. Immobilization being good, the disease heals as rapidly as possible and spasms are reduced to a minimum. Sores are easier to prevent on this splint than on any other, whilst the spine is undisturbed. The feet need special attention; the legs and feet may be treated by the " Shropshire" technique worked out by Dame Agnes Hunt and described by Professor Girdlestone, or the plaster part of this method replaced by club foot shoes which allow easier inspection. In either case the plaster or club foot shoe rests in the ankle piece.

Inspection

A standard method of inspection should always be used if one is to disentangle the errors which may arise from (at its worst) a patient incorrectly placed on a badly fitting saddle, itself incorrectly placed upon an incorrectly made frame. The following routine should be followed :—

Saddle.—Estimate the degree of error at the level of the saddle in relation to the knee joint. If this error be repeated at the other points of inspection, *viz.* : the crutch, which should let a finger through to touch the tip of the coccyx, and the top of the saddle, which should be opposite the seventh cervical spine, then the saddle is of correct size, but the patient is incorrectly placed upon it. If the same degree of error occurs at the crutch, but not at the top of the saddle, then the length of the body piece is incorrect. If, however, the top has the same degree of error as the leg, and this error does not occur at the crutch, then the crutch is wrongly cut out. It will now be known whether the saddle is correct, where the error, if any, in it lies, and if it is correctly positioned in relation to the patient.

Frame.—Estimate the error in relation to the ankle piece and if this is reproduced at the other vital points, *viz.* : pelvic bars, nipple bars and end of frame, then the patient is incorrectly positioned in relation to the correct frame. From analysis of varying errors, at these points any error in the construction of the frame can be determined.

So far we have only assessed longitudinal error, but transverse error can be serious. Figure 22 shows an X-ray of a patient nursed by a conscientious, if not very experienced, nurse. Actually it is not so gross as it appears, for a method of X-raying was used which entailed minimal disturbance to the patient and

FIGURE 20

Below : *types of spinal curve*

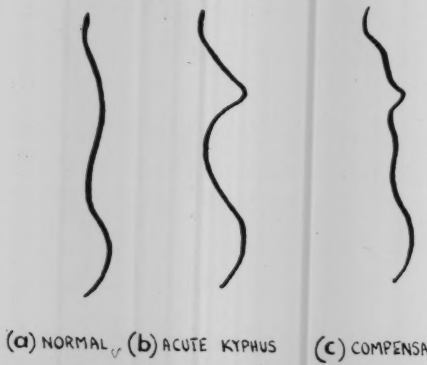


FIGURE 21

Below : *the use of the frame flexed at site of Kyphos with wooden blocks between the saddle and the frame to produce compensatory flattening*

which had a considerable projection factor. Figure 23 shows correct positioning, and also the relationship of the saddle and pelvic bars to the skeleton. Of course, X-rays are not normally used to assess this error, but thumb and index finger are used as a gauge to determine the relationship of the patient to the frame and saddle.

Inspection should now be made of the moulding of the pelvic bars, and thoracic bars, and finally the correct alignment of the knock knee bars in relation to the lateral axis of the thigh, and the necessary instructions for any change given. But common sense must always prevail. No advantage is gained if a patient with acute disease eventually acquires a perfect frame, whilst the repeated moving of the patient to achieve this perfection has resulted in dissemination of the disease. The patient with the quiescent disease should always have a perfect frame, but the acute hip, for example, sometimes makes measurement somewhat difficult and, in these circumstances, correction of minor errors should be left to a later date.

CONCLUSION

(1) An attempt has been made to describe the use of a modification of the Jones-Thomas frame from its practical aspects, although it is fully realized that it can only be completely mastered by using it under the supervision of an expert.

(2) However, because it is believed that the band of experts is gradually becoming smaller, it is hoped that this paper will stimulate interest in, and further the use of, a splint which has many advantages over other methods.

(3) No claim is made that mastery of the splint is easy, nor that it is foolproof, but it is believed that the sense of craftsmanship which comes from thorough acquaintance with all the advantages of the splint, and with its difficulties, is its own reward.

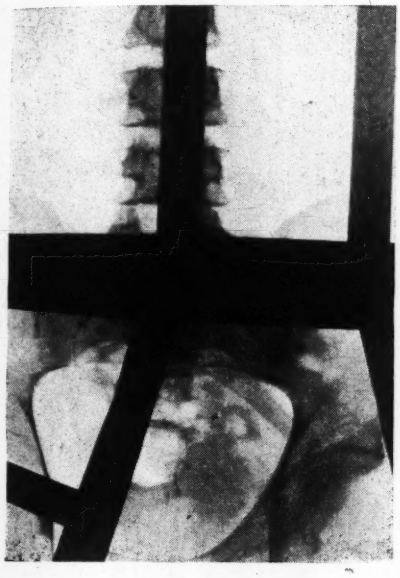


FIGURE 22

Left: *incorrect lateral placing of the frame*

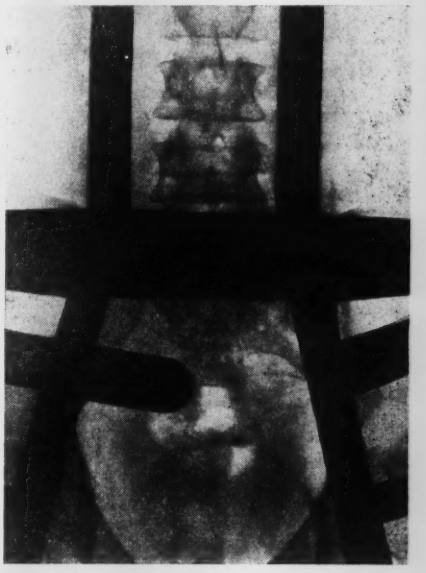


FIGURE 23

Right: *correct placing of the frame—note the relationship of the skeleton to the pelvic bars and saddle*

My thanks are due to the many surgeons, sisters, nurses and patients with whom I have discussed the use of the frame, and, in particular, to Mr. A. M. Hendry and Sister Rolfe, of the Royal Cripples Hospital, Birmingham, to Sister D. Wood, of Oswestry, and Miss Powell, of Aston Hall.

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Girdlestone, G. R., Tuberculosis of Bone and Joint. Oxford Medical Publications, 1940.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES

THE Chairman of the General Nursing Council, Miss D. M. Smith, O.B.E., at the meeting on May 27, spoke of the helpful work Sir F. N. K. Menzies, K.B.E., M.D., F.R.C.P., whose death was announced recently, had given during his term in office. The Council stood in recognition of his services.

A letter was read from F. Craddock, Esq. M.B.E., who has represented the general trained male nurse on the Council since 1944, regretting, that, owing to pressure of work, he is compelled to resign from the Council. The Chairman said they would be sorry to lose Mr. Craddock, and asked for nominations to be submitted so that a successor might be appointed.

Arising out of the report of the Registration Committee, the Council agreed that "after the introduction of the initial registration fee, applicants for admission to the Register by examination may be required, at the discretion of the Council, to submit a satisfactory reference in view of the length of time which may lapse between the passing of the examination and application for admission to the Register; and that the Council's solicitor be instructed to draw up the necessary amendment to the Draft Rules to the Minister of Health for approval."

The Registration Committee also reported that Miss Jones, and Miss Pearce, have been appointed a sub-committee to consider applications for registrations as sister tutors with existing qualifications in view of the extension of the closing date.

The Examination and Education Committee reported that they have considered the desirability of arranging for student nurses who commenced their training in Burma, and who had to leave that country owing to present conditions, to complete their training in this country.

The General Purposes Committee recommended "that a senior Inspector of training schools be appointed at a salary coming within the range of existing salaries for Inspectors of training schools to assist the Education Officer in her duties."

The following hospitals have been approved as complete training schools for male nurses:— the Seamans Hospitals, London, S.E.10, also the National Hospital, Queen Square, London, W.C.1, in affiliation with the former hospital; Staincliffe Hospital, Dewsbury; Battle Hospital, Reading; St. Helier Hospital, Carshalton; and for provisional approval extended for two years, St. Catherine's Hospital, Birkenhead, the Leicester Royal Infirmary. St. Mary's Hospital, Portsmouth, to be withdrawn.

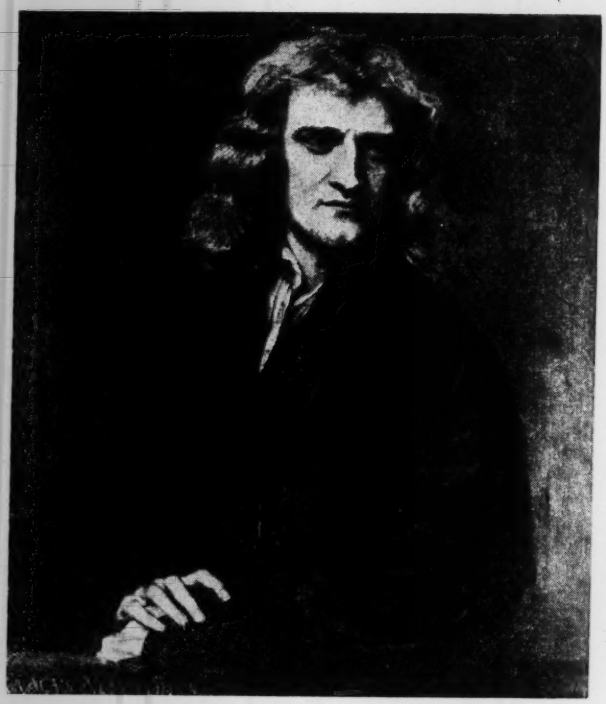
The following Courses be approved for the purposes of part one of the Preliminary Examination:—One year whole-time course at Wembley County School (retrospectively to September 1, 1948), one year whole-time course at Bath High School (in conjunction with Bath Technical College), one year whole-time course at Croydon Polytechnic (to commence in September, 1949, and to supersede the two year part-time course approved in 1943), two year whole-time course at the Violet Markham Girls' County School, Chesterfield.

The following complete training schools for assistant nurses have been approved at the following hospitals in place of provisional approval:—St. Mary's Hospital, Portsmouth; St. Mary's Hospital, Lyminge, Kent. Provisional approval as a complete training school for assistant nurses has been granted to St. Mary's Hospital, Newport, Isle of Wight, for a period of two years. Extension of provisional approval for two years has been granted to General Hospital, Bishop Auckland, Crossgate Hospital, Durham; Hillcrest Hospital, Leicester, Melton Mowbray Infirmary, Leicestershire.

The Council postponed their judgment on the facts proved against Maureen Johnstone, S.R.N., 156261, for one year.

The next meeting was arranged for Friday, June 24, at 2.30 p.m.

Newton and the Rise of Modern Scientific Methods



By Professor
E. N. da C. ANDRADE,
F. R. S.
Quain Professor of Physics, University College, London,

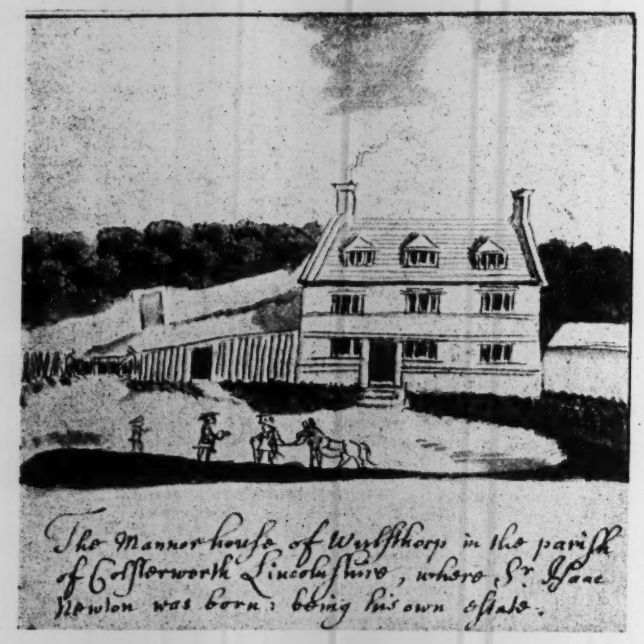
A lecture given during a Sister Tutor Refresher Course at the Royal College of Nursing

Left : *Sir Isaac Newton at about the time of the publication of the Principia, from a portrait by Godfrey Kneller, in the possession of the Earl of Portsmouth*

Below, Left : *Woolsthorpe Manor, from a coloured sketch by Sir William Stukeley, F.R.S.*
(*By courtesy of the Royal Society*)

FROM time to time there arises a man whose work is of such significance that it changes the whole current of human thought. Such a man was Shakespeare, such a man was Beethoven, such a man was Newton, and of the three, his kingdom is the most widespread, for science is universal and can be understood by the initiated of every nation.

Newton was of such importance because he undertook to explain the observed facts of science by reasoning from certain basic principles, which he enunciated. Before his time the heavens were supposed to obey special laws of their own, based on some sort of general philosophical principles. Newton showed that three clearly enunciated laws of motion governed all terrestrial and celestial motions; that, with universal gravitation, they sufficed to explain all heavenly motions, of planets and comets.


The Manner house of Woolsthorp in the parish of Colsterworth Lincolnshire, where Sr. Isaac Newton was born: being his own estate.

Einstein's innovations were less revolutionary to his time than Newton's were to his. The ruling scheme of the universe before Newton was Descartes's great theory of vortices. He thought that all space was full of whirlpools of a kind of subtle matter; the whirlpool round the sun carried the planets with it. The scheme was based upon a philosophical principle that empty space could not exist, and the pictorial scheme of the planetary motions which the vortices offered continued to be popular in France long after Newton's death. Before Newton's time Kepler had found the true laws of planetary motion which were to be explained by Newton, but Kepler's views as to the mechanism of the planetary motions were in his earlier writings largely mystical and never had any mechanical basis. Newton showed that Kepler's law followed mathematically from his laws of motion and his law of gravity : this was a new type of explanation.

In light Newton showed that white light was not simple, and colours complicated, as had been believed up to his time, but that white was composite and pure colours simple. The first words of his *Opticks* are : " My design in this book is not to explain the Properties of Light by Hypotheses, but to propose and prove them by Reason and Experiments "—a typical statement of the Newtonian outlook.

A Revolution in Mathematics

Newton's mathematical methods were much in advance of his time. He discovered the binomial theorem and the differential and integral calculus. After Newton's work had been assimilated, the body of natural philosophers accepted it as a commonplace that all terrestrial and celestial movements were explainable in precise and numerical terms by calculations based on a few general laws : before Newton, most thinkers were ready to invoke *ad hoc* principles and occult causes, based on human and divine analogies, for any but the simplest terrestrial phenomena, and the few who were in advance of their times were feeling tentatively for solutions which eluded their grasp.

So much for the outlines of Newton's great achievements, outlines which but vaguely indicate the scope of his epoch-making work. Let us turn to his life.

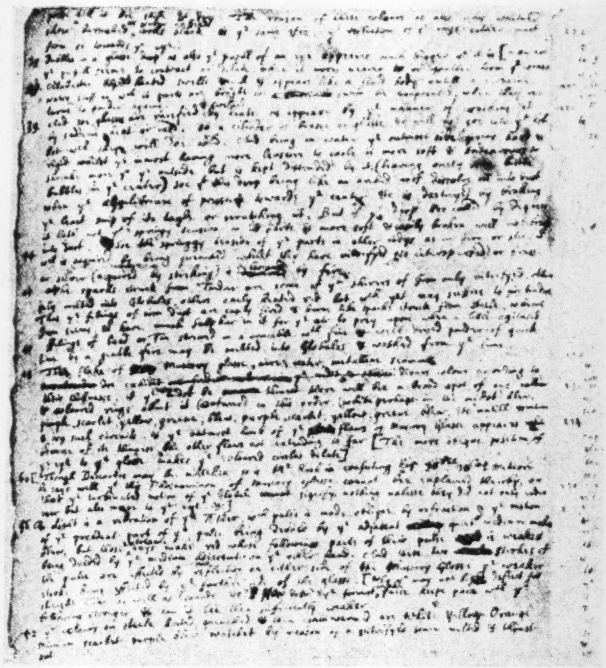
Newton was born at Woolsthorpe, a Lincolnshire hamlet, in 1642. He did nothing extraordinary as a boy. The only thing that seems significant in his childhood is that he took a

great delight in making mechanical toys and devices of all kinds, such as the model windmill of which the pious Stukeley tells us. Newton did well enough at school and badly enough as a farmer to be sent to Cambridge at the age of 18, probably with the intention that he should later enter the Church. There he learnt the ordinary mathematics of his time, particularly Euclidean geometry. There, in 1663, he came under the influence of Barrow, one of the best mathematicians of his age, a man keenly interested in optics, who in his *Lectiones Opticae*, which appeared in 1669, acknowledged Newton's help in the Preface.

In the two plague years of 1665 and 1666, when Newton retired from Cambridge to Woolsthorpe, the seeds of all his great discoveries were in his head. Newton wrote, about 1714, after describing his early work on gravity as an interplanetary force in words that I have already quoted "All this was in the two plague years of 1665 and 1666, for in those days I was in the prime of my age for invention, and minded mathematics and philosophy* more than at any time since". His short stay at

Right: *the reflecting telescope made by Sir Isaac Newton and presented by him to the Royal Society in whose possession it still is. The mirror, which has been removed for the photograph, can be seen on the table on the right*
(*By courtesy of the Royal Society*)

Below: *a sheet of Sir Isaac Newton's notes*
(*Reproduced by permission of the Syndics of the University Library, Cambridge*)



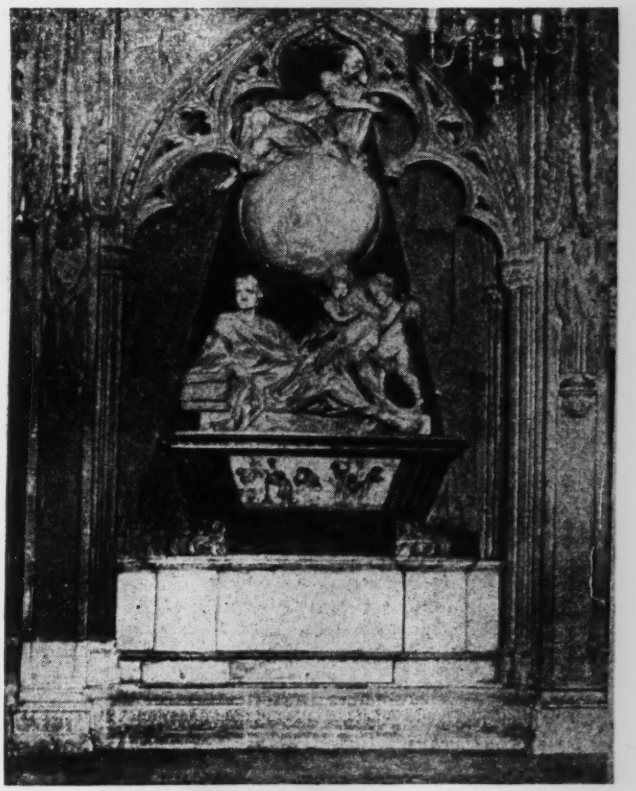
Woolsthorpe ended when he was 24, but in those two years he had, to the full, two priceless gifts which no one enjoys today, full leisure and quiet. Leisure and quiet do not produce a Newton, but, without them, even a Newton is unlikely to bring to ripeness the fruits of his genius.

A common story about his work at Woolsthorpe is that there it came to Newton that it was the pull of gravity that made the apple fall from the tree. The true story appears to be that when Newton was thinking of what pull could hold the moon in its path, the fall of an apple put it into his head that it might be the same gravitational pull, suitably diminished by distance, as acted on the apple.

Returning to Cambridge in 1667, Newton had already laid the general foundations of the differential and integral calculus and he had a clear idea that terrestrial gravity, acting according to an inverse square law, controlled the moon's motion. He had carried out fundamental experiments on the refraction of light

* *Philosophy, or natural philosophy, was the term then used to cover what we now mean by science.*

Below: *Sir Isaac Newton's tomb in Westminster Abbey*



with the prism and he had begun to construct a reflecting telescope.

Newton's secretiveness is remarkable. All through his life he had to be pushed to publish, and he had a horror of controversy. As Luscasian Professor of Mathematics at Cambridge he began to lecture on optics in 1669, and copies of these lectures were deposited in the archives of the University to remain unpublished for 60 years. At the time, apparently, his lectures did not attract an audience. In 1671 he constructed a second reflecting telescope—he had made the first at some earlier time—which, in response to urgent requests, he sent to the Royal Society.

After the telescope had aroused the greatest interest at the Royal Society, Newton wrote to Oldenburg, the Secretary: "At the reading of your letter I was surprised to see so much care taken about securing an invention to me, of which I have hitherto had so little value. And therefore since the Royal Society is pleased to think it worth the patronizing, I must acknowledge it deserves much more of them for that, than of me, who, had not the communication of it been desired, might have let it still remain in private as it hath already done some years . . . I am very sensible of the honour done me by the Bishop of Sarum (Seth Ward, himself a famous mathematician) in proposing me candidate, and which I hope I will be further conferred upon me by my election into the Society. And if so, I shall endeavour to testify my gratitude by communicating what my poor and solitary endeavours can effect towards the promoting your philosophical designs."

Newton Hated Criticism

In Newton's first paper contributed to the Royal Society he described how he formed the spectrum by refracting with a prism a beam of sunlight from a circular hole, and he wrote: "Light consists of Rays differently refrangible". The spectrum is formed because white light contains mixed in it monochromatic —or in Newton's term, homogeneal—lights of all kinds, which are separated out because they are differently refrangible, that is, differently bent by the prism. This was in direct opposition to the views of his time and led to much misunderstanding and also to attacks on Newton from those of established reputations. Newton wrote: "I was so persecuted with discussions arising from the publication of my theory of light, that I blamed my own imprudence for parting with so substantial a blessing as my quiet to run after a shadow". Huygens and Hooke were among Newton's most troublesome and acutest critics and Newton did not publish his famous *Opticks* until 1704, a year after Hook's death. Practically all of the work had been completed much earlier but it seems that Newton waited for Hook's death to avoid criticism.

Newton sent further important communications to the Royal Society in 1675, when he set out his particle theory and wave theory about light. In his famous *Opticks*, to which I have just alluded, Newton set down, with beautiful precision and elegance, the substances of these early papers, and much beside. The proof that a precise refrangibility is an unalterable characteristic of monochromatic light, and that sunlight is a mixture of light of all colours; the explanation of the rainbow; the revolutionary discussion of natural colours and the explanation of colour mixture are some of the treasures contained in the book.

Science Becomes Distasteful

In 1675, at 32 years old, when he had done the bulk of his optical work, he expressed a great distaste for science, especially for publication. He wrote to Hooke in 1769: "But yet my affection to Philosophy being worn out, so that I am almost as little concerned about it as one tradesman uses to be about another man's trade or a countryman about learning, I must acknowledge myself averse from spending that time in writing about it which I think I can spend otherwise more to my own content and the good of others: and I hope neither you nor any body else will blame for this averseness".

So far Newton had published nothing about mechanics or gravity; but he expressed this distaste for science at a time when he was soon to be spurred, cajoled, importuned into writing his greatest work, the *Principia*, of which the full title is *Philosophiae Naturalis Principia Methematica*—Mathematical Principles of Natural Philosophy.

Hooke had come to the conclusion that the motion of the planets could be explained by an inverse square law of attraction, but could not prove it. He had discussed the matter with Christopher Wren and with Halley, the great astronomer, who visited Newton at Cambridge to ask his opinion on the matter. Newton told him that he had proved that the planetary laws followed mathematically if the inverse square law was assumed, and later sent him two different proofs. Profoundly impressed, Halley urged Newton to write an account of his discoveries and Newton, roused from his distaste for science, undertook to do so. In 1687, the *Principia* appeared. The composition of this book, which changed the face of science, had taken about eighteen months.

The book is not easy to read, and Newton himself called it a "hard book." The whole of the mathematics are done with the classical method of geometry. In the first book are the laws of motion and Newton's mechancial foundations, including the composition of forces. The inverse square law of gravity is assumed and the simple laws of planetary motions worked out in some detail. The cause of gravity Newton does not discuss. In a letter written to Bentley, six years later, he wrote: ". . . . the cause of gravity is what I do not pretend to know", and in his 83rd year he wrote: "I do not deal in conjectures".

In the second book of the *Principia*, he deals with the motion of bodies of various shapes through a resisting liquid, taking the resistance to vary as the square of the velocity. Among other problems propounded is that of the solid of revolution of least resistance, "what I conceive may be of use in the building of ships". In this book is also laid down the law for the behaviour of real fluids. The whole book constitutes the first book of mathematical physics, and of hydrodynamics in particular, and it is embellished by an account of many experiments, carried out with the highest degrees of precision and skill.

The Third Book of His Principia

The crown of the work comes in the third book which Newton introduces with the words: "I now demonstrate the frame of the System of the World!". He establishes the movements of the satellites round their planets and of the planets round the sun on the basis of universal gravitation; he also shows how to find the masses of the planets in terms of the earth's mass. The density of the earth he estimated at between five and six times that of water, the accepted figure today being exactly 5.5. He calculated the conical motion of the earth's axis known as the procession of the equinoxes. He worked out the main irregularities of the moon's motion due to the pull of the sun and he laid the foundation of all sound work on the theory of the tides, to mention but a few of the astonishing feats recorded in the third book.

After the age of 50 Newton did no more fundamental work in science, but when, in 1696, he received one afternoon Bernoulli's problem, set as a challenge to the "acutest mathematicians of the world" he solved it before going to bed. In 1696 he was made Warden of the Mint and became Master, the chief post, in 1699. He took his work as a public servant very seriously and rendered valuable service to his country.

In his old age, Newton's position was unique. His scientific reputation was unrivalled throughout the world. In 1703 he became President of the Royal Society, an office which he continued to hold until his death. In 1705 he was knighted by Queen Anne, an honour probably never before conferred for services to science. At his death in 1727 he was accorded the greatest honours and the place allotted to his monument in Westminster Abbey had been previously refused to the greatest of our nobility.

Did Newton Envisage Atomic Energy?

Newton was a mystic, and his library was well-stocked with the standard alchemical and mystical books. In a letter written in 1676 about the transmutation of metals, Newton wrote that this transmutation might be attended by something of great danger to the world, perhaps having an inkling of atomic powers.

Achievement such as Newton's is not lessened by the great advances of the subsequent centuries: it survives in undiminished strength and beauty the formidable shaping of our times. From being the preoccupation of a few curious spirits, science has grown to be a universal study, on the fruits of which peace among people and the prosperity of nations depend, but the great principles enunciated by Newton and their orderly development by him remain as the foundations of the discipline and as a shining example of the exalted power of the human mind.

MORE SUGGESTIONS FOR NURSE-TRAINING—

—The Socialist Medical Association's Views

THE Socialist Medical Association has now published a leaflet* setting out a suggested syllabus for a two-year basic training in nursing. In a foreword, Hugh Gainsborough, M.D., F.R.C.P., states that in 1945 the Association suggested that a basic training for nursing could be given in two years, and the qualifying examination after this period would allow for registration, but, before receiving a licence to practise, the nurse should continue as a staff nurse for six months. Dr. Gainsborough suggests that this period might be extended to a year provided that the nurses' status as a staff nurse be recognized and the appropriate salary given; also that her licence to practise be given automatically at the end of the period chosen. But, if her training has been purely basic, and the further six to twelve months is an essential, the status of staff nurse will be reduced to below that of the present nurse completing her contract after passing her final State examination, and will not be comparable to that of the newly qualified doctor as it should be.

Dr. Gainsborough states that " the first step in the reform of nursing education is to put the responsibility largely and squarely in the hands of the ward sisters." He adds that ward sisters must be appropriately trained and given time to carry out teaching in the wards, theory and practise must be integrated, selection of students must be designed to ensure the choice of those capable of training to the syllabus, and the syllabus must be capable of being adapted continually in the light of experience. He states that the shorter period of training will " encourage recruitment from a large field of men and women who cannot face the longer period " and the method of training must be fitted to the human material available and not to an abstract conception of what constitutes nursing in an ideal world. In addition to the new syllabus, Dr. Gainsborough calls for a new examination system; in his opinion, the existing method is incapable of adaptation and must be replaced, but by what is not stated.

An Introductory Period

In the suggested scheme of training an introductory period of four weeks is given when two or three-hourly periods in the wards are given each week, spent chiefly in " assisting ward sister and senior nurses in their work." Whether the senior nurses would consider this to be, in fact, assistance is open to doubt. The standard of nurse to be reached in the four weeks is to be up to that of the Preliminary State examination or slightly higher.

An eight week course of the basic sciences and simple nursing procedures follows, with simple nursing duties, four hours daily, in the wards, for six days per week; with cleaning in the wards under supervision stated as part of the duties and this includes cleaning walls and windows. Meanwhile, anatomy, physiology, hygiene and science are studied for four hours daily for five days per week, and the engineer teaches mending of fuses, wiring of plugs, etcetera.

Two weeks' holiday follow and the student then returns to simple nursing duties in the ward, with no cleaning, for four hours daily, five days per week, and hygiene revision, bacteriology, surgical technique, first-aid (simple) and splinting classes for four hours daily, five days per week. So the course progresses, with seminars, discussion and study periods, and four hours of formal teaching each week during the night when on the first night duty period towards the end of the first year.

During the second year all the specialities are given, including eight weeks' theatre experience, 3½—4 days a week for two weeks in tuberculosis and chest surgery wards, two weeks *Social Background to Nursing* though this heading appears to apply to mental and mental defective nursing and drug addiction only; district nursing and geriatrics.

Many of the proposals in the syllabus are receiving support from all interested in the future of nurse-training, but can the nurse, with this smattering of information and experience, be considered a staff nurse comparable with the present standard. If not, a new term must be found for her or the new training will hardly be considered as raising the standard. Whether this scheme is really practicable under present circumstances is also doubtful. Unless the student remains supernumerary to the ward staff it is difficult to see how she can do seven periods of four hours, weekly for twelve weeks, in the children's wards, spending the rest of the time on visits to clinics, isolation hospitals to see barrier and cubicle nursing, in which she should already be skilled by her second year. The summary of the course is as follows :—

	Weeks
Theory and practice of nursing (State Preliminary standard or slightly higher). Introduction to hospital wards. Elementary hygiene and simple bacteriology. Invalid cooking	4
Ward practice under supervision, simple nursing procedures and cleaning. 4 hours daily, 5 days per week. 4 hours daily in basic sciences, and educational visits ...	8
Holiday	2
Junior surgical nursing. 4 hours per day. 4 hours daily in teaching of bacteriology and introductory surgical lectures Surgical technique. Barrier and cubicle nursing. First Aid	4
Junior medical nursing. 6 hours per day. Case allocation if possible during this period. Introductory medical lectures. Application of bacteriology to medical nursing. Demonstrations of advanced nursing technique—2 hours daily ...	4
Preliminary examination in these subjects : anatomy, physiology and hygiene, results to be graded in honours and pass levels	
Two weeks' study of the social background to nursing. Emphasis : That most sickness is preventable. Visits to day nursery, school clinic, factory health department, almshouses, slums —then model dwellings, recreational grounds, slum factories, model factories ...	2
First period of night duty—as members of staff (junior). Nursing teaching on a moderate scale to be conducted during the night	8
Holiday	2
Senior surgical nursing experience—in general or special hospital, and observation of operations. 4 hours service daily under supervision. 2-4 hours tutorial and study daily	10
Gynaecology and Midwifery— Visits to out-patients' department, ante- and post-natal clinics. Visits to maternity wards to observe birth of baby (normal) and care of newly born babies	6
End of first Year	
Theatre experience—in parent hospital. 3 lectures weekly in more advanced bacteriology. 3 lectures weekly in care and sterilization of theatre and instruments. Operating procedure (nurses' point of view)	8
Children's diseases and communicable diseases (excluding venereal diseases and adult tuberculosis). Immunization clinics, maternity and child welfare centres. Children's and fever nursing experience under supervision. Ambulance duties. House and hospital disinfection. Revision of barrier and cubicle nursing	12
Ear, Nose and Throat, and Ophthalmic lectures and experience	2
Senior medical nursing. 3 periods of 4 hours each, held every week for lectures, study and nursing teaching Visits to out-patients' department and laboratory (for explanation of tests) ...	12
Holiday	4
Senior night duty	6
Orthopaedics—related to medicine and surgery. Fractures. Out-patients' clinic. Physiotherapy. Rehabilitation. Some nursing experience, some demonstrations	4
Tuberculosis and chest surgery. Nursing practice. 2 hours lecture, study and tutorial daily	2
Mental nursing and psychiatry. Range of mental nursing. Drug addiction	2
District nursing and geriatrics	2
Total weeks — 104	

We shall be interested to receive the opinions of our readers on this scheme, which is of such topical interest now that experimental schemes of training are being anticipated in the nursing legislation. It would seem a comprehensive introduction but it is not clear if the aim is to be the preparation for the future professional woman, able to take her part as an experienced member of the health team, or a useful member rather on the level of assistant nurse or practical nurse.

* *Suggested Syllabus for a Two-Year Basic Training in Nursing, obtainable from the Socialist Medical Association, 86, Rochester Row, S.W.1., price 6d.*

Films in Brief

Wake of the Red Witch

A sea adventure story with floggings, sharks and pearl diving with true love thrown in. Starring : John Wayne and Gail Russell.

The Last Days of Dolwyn

With fine singing and lovely mountain scenes, this film captures the whole spirit of " Land of My Fathers." Dame Edith Evans gives a moving performance as Merri, the village woman who refuses to sell her cottage so that the valley can be flooded to make a reservoir for Lancashire. The village gets flooded after all, and the circumstances leading to this strike a wrong note, but in spite of this flaw, it is a fine film. Emlyn Williams is the villain of the piece, and there are other famous names on a long cast.

BOOKS RECEIVED

A Sentimental Journey.—By *Lawrence Sterne.* (Macdonald and Company, Limited ; price 8s. 6d.)

Housewife Baby Book.—By *Anne Cuthbert.* (Hulton Press; price 8s. 6d.)

Aids to Hygiene for Nurses.—By *Edith M. Funnell, S.R.N., Diploma in Nursing, University of London.* (Bailliere, Tindall and Cox; price 5s.)

The Mothercraft Manual.—By *Mabel Liddiard.* (J. A. Churchill, Limited; price 5s.)

Ophthalmic Nursing.—By *Whiting.* (Messrs. J. and A. Churchill, Limited; price 7s. 6d.)

Health and Healing.—By *Phillis L. Jarlich.* (Edinburgh House Press; price 2s. 6d.)

The Train.—By *Vera Panova.* (Putman and Co., Ltd.; price 9s. 6d.)

Royal College of Nursing News

Membership forms may be obtained from the Secretary, Royal College of Nursing, 1a, Henrietta Place, Cavendish Square, W.1, or from local Branch Secretaries

ANNUAL MEETINGS AND CONFERENCES TO BE HELD IN CARDIFF FROM JUNE 29 TO JULY 2, 1949

Wednesday, June 29

Private Nurses' Section Meeting in the Committee Room, Museum of Wales

2.30 p.m.	Annual General Meeting, followed by an account of the Interim Congress of the International Council of Nurses. *Chairman* : Miss G. M. Thackray.
4.30 p.m.	Tea at the City Hall.

Ward and Departmental Sisters' Group Meetings in the Reardon Smith Lecture Theatre, Cathays Park

10 a.m.	Registration.
10.30 a.m.	Conference on *Professional Idealism and Hard Thinking*. *Speaker* : Dame Louisa Wilkinson, D.B.E., R.R.C.
12 noon	Question time.
12.45 p.m.	Luncheon (8s. 6d.) at the Park Hotel.
2.30 p.m.	Business meeting.
3.30 p.m.	Lecture on the *Royal College of Nursing Section Formation and Use*. *Speaker* : Miss W. D. Christie.
4.45 p.m.	Tea.
6.30 p.m.	Coach trip to the Wye Valley and Tintern Abbey (6s. 9d.).

Thursday, June 30

11 a.m.	Divine Service at St. John's Church, Cardiff. Address by the Rt. Rev. the Lord Bishop of Llandaff (Acting Archbishop of Wales), President of the Cardiff Branch, Royal College of Nursing. Collection in aid of the Cardiff Institute for the Blind.
3 p.m.	Annual General Meeting at the Reardon Smith Lecture Theatre, Cathays Park. *Chairman* : Dame Louisa Wilkinson, D.B.E., R.R.C., President. The Annual Report to be presented by Miss M. F. Hughes, Chairman of Council.
4.30 p.m.	Tea at the City Hall.
7.30 p.m.	Civic Reception for delegates by the Lord Mayor of Cardiff at the City Hall.

Friday, July 1

Branches Standing Committee Meetings in the Reardon Smith Lecture Theatre, Cathays Park

10 a.m.	Quarterly Meeting.
1 p.m.	Luncheon (8s. 6d.) for Branch representatives at the Park Hotel.
2.30 p.m.	Quarterly Meeting (continued).
4.30 p.m.	Tea at the City Hall.
6 to 7.30 p.m.	Reception for delegates, by kind invitation of the Board of Governors of the United Cardiff Hospitals at the Royal Infirmary.
8 p.m.	Professional Conference at the Reardon Smith Lecture Theatre, Cathays Park. *Chairman* : Professor R. Picken, M.B., Dean of the Welsh School of Medicine. *Subject* : *The Nurses' Bill*, 1949. *Speakers* : Miss E. M. R. Russell Smith, Under-Secretary, Ministry of Health, and Mrs. H. M. Blair Fish, S.R.N., Joint Secretary of the Nursing Reconstruction Committee, *supported by* Miss K. M. Biggin, Diploma in Nursing, University of London, and Miss M. Johnston, Social Science Diploma S.R.N., S.C.M.

Saturday, July 2

Sister Tutor Section Meetings

10 a.m.	Annual meeting at the Welsh National Museum, Cathays Park.
11.30 a.m.	Open Meeting : *The International Conference*, 1949, *with particular reference to Nursing Education*.
12.45 p.m.	Luncheon (8s. 6d.) at the Angel Hotel, Queen Street.
2.30 p.m.	Open Conference. *Subject* : *To discuss the further training of the Nurse with particular reference to the implications of the Nurses' Bill*, 1949 : (1) *Regional Nurse Training Committees; and* (2) *Experimental Schools*.
4.30 p.m.	Tea at the Park Hotel.
5 p.m.	Committee meeting.

Public Health Section Meetings

12.30 p.m.	Luncheon (9s. 6d.) at the Park Hotel.
2.15 p.m.	Annual Meeting at the Reardon Smith Lecture Theatre.
3.30 p.m.	Open Conference. *Chairman* : Sir Ewan MacLean, J.P., M.D., F.R.C.P. *Subject* : *Is Punishment a Deterrent to Crime ?* *Speaker* : Mr. Guy Sixsmith, Stipendiary Magistrate, Cardiff.
4.45 p.m.	Tea, by invitation of the Lord Mayor of Cardiff, at the City Hall.

Friday, July 3

Visits of Interest

Coach Trips to Sully Hospital, (price 5s. 6d.), to the Welsh National Museum, and St. Fagan's Castle, (price 5s. 6d.).

(**Fees for the Conference,** see opposite)

SCOTTISH BOARD

Education Department

This year the Department of Health for Scotland have arranged for suitably qualified nurses desiring to undertake the Sister Tutor Course of the University of Edinburgh, to make application to their Hospital Board of Management, who will give permission for leave of absence and allow full salary and emoluments during the course. Fuller details will be available next week. Applications should be made for the course to the Assistant Secretary, at the new address, The Royal College of Nursing, Scottish Board, 44, Heriot Row, Edinburgh, 3.

Scholarships for Nursing Research Work

Through the generosity of Messrs. Boots, a scholarship of £159 is being offered to a nurse to undertake research into some particular problems in the public health field. Some suggestions as to the subject have already been made and are as follows :—

(i) the liaison between industrial and domiciliary nursing; (ii) the care of the aged and infirm; (iii) the care of diabetics; (iv) the liaison between hospitals and domiciliary nursing.

It is recognised that further information on all these subjects would be very valuable and this scholarship provides an opportunity for a nurse who is experienced in Public Health work to undertake a task which would not only benefit the particular group of people whom it concerns, but would also be a service to the community.

Nurses interested in this opportunity should write to the Director, Education Department, at the Royal College of Nursing. Applications to be received by June 25, 1949.

Branch Reports

St. Albans Branch

Members of the St. Albans Branch paid a visit to "Stony Deep" Twickenham, a rest home for nurses, on Saturday, May 14. They were received by Miss Lawes, Superintendent, who took them on a tour of the house.

Tea was afterwards served in the garden, and it was then fully appreciated that here was the ideal rest home. From the windows of the house and from the garden itself there is a continuous variety of scene; steamers, sailing yachts and barges, pass up and down the river and swans come right up to the edge of the garden, which is in itself a joy with its beautiful flower beds and trees.

Members came away feeling that although their visit had been brief they would remember it with pleasure for a long time.

A NEW PUBLIC HEALTH SECTION

Miss Barbara Tarratt, Field Officer to the Public Health Section, the Royal College of Nursing, was present when a Public Health Section was formed within the Harrow, Wembley and Middlesex Branch on May 2.

The following Officers were elected :—Miss E. Pool, Chairman; Miss B. Davis, Treasurer; Miss H. Donnisson, Branch Representative; Miss B. O'Shea, Area Representative; Miss A. Gellen, Committee; Miss E. A. Solomon, Secretary, 53, Greenhill Crescent, Harrow. A vote of thanks to Miss Tarratt for her valuable help was proposed by Mrs. D. Brace, Superintendent Health Visitor, Harrow, and seconded by Mrs. D. A. Lett Cock. Will any members wishing to transfer to the Section, or any new members, kindly get in touch with the Section Honorary Secretary.

College Announcements

Public Health Section

Public Health Section within the North Eastern Metropolitan Branch.—An Indus ial Nurs s' Discus on roup was formed at an open meeting held on May 17, at Fairfield Works. Bow, by courtesy of the chairman, Messrs. Bryant & May, Lim d. Miss G. M. Alexander offered to act as Hono ry Secretary. Meetings will be held on the second Tuesday in each month. The next meeting will be held on Tuesday, June 14 at 6 p.m. at Messrs. Tate & Lyle, Ltd., Silvertown, E.16, by kind permission of the m naging director.

Public Health Section within the South Western Metropolitan Branch.—A general meeting will be held on Tuesday, June 14, at 7 p.m., at York House Health Centre, Twickenham. There will be a discussion on *The Coordination of the work of Public Health and Industrial Nurses.* The discussion will be led by members of the Executive Committee. York House is a few minutes walk from Twickenham S.R. station, and Buses 27a, 90 and 90b pass the door.

Public Health Section within the Birmingham and Three Counties Branch.—All members and interested State-registered nurses are invited to a meeting to be held on June 16 at 6.30 p.m. at The Accident Hospital, Bath Row, Birmingham which will be addressed by Inspector Miss Gray on the subject of *The Work of the Policewomen.* Coffee and biscuits will be served; price 6d. So that adequate provision can be made those attending are asked to let Miss Neep at the hospital know by June 15.

Branch Notices

Blackpool and District Branch.—There will be a general meeting on June 13 at 7 p.m., at the Victoria Hospital, Blackpool. On June 15, there will be a coach outing to Bleasdale Fells; leaving the Infectious Diseases Hospital, Blackpool at 6 p.m. Tickets price 3s. 6d. Those wishing to attend please notify Miss F. B. Makin, Fleetwood Hospital, enclosing remittance. Travellers are requested to bring their own supper.

Edinburgh Branch.—A General Meeting will be held on Monday, June 20 at 7 p.m. in the Nurses' Home, the Astley Ainslie Hospital, Grange Road. Members are requested to attend to discuss Agenda for the Branches Standing Committee to be held in Cardiff on July 1; and to elect a delegate.

North Eastern Metropolitan Branch.—A general meeting of the Ward and Departmental Sister Group will be held on Tuesday, June 14, at 7.30 p.m., at St. Bartholomew's Hospital, E.C.1, followed by a colour film, *Excision of the Intervertebral Discs*, by Mr. I. E. A. O'Connell, F.R.C.S., at 8 p.m. Ward and Departmental sisters from all areas invited.

FEES FOR THE CONFERENCE

It has been decided to charge a Conference fee of 10s. 6d. o the whole session. Any member unable to do this may attend a Sectional meeting on payment of 5s. These fees will include afternoon teas. It is hoped, however, that members will do their best to be present during the whole four days.

Application forms may be obtained from Miss I. G. Morse, Cardiff Royal Infirmary.

Miss K. G. DOUGLAS
newly appointed Matron of St. Mary's Hospital, Paddington

As announced in last week's Nursing Times Miss Douglas is now Assistant Matron at St. Thomas's Hospital

THE CITY HALL, CARDIFF

Above: *the beautiful City Hall which will be visited by those attending the Annual General Meetings of the Royal College of Nursing*

North Western Metropolitan Branch.—A general meeting will be held on Wednesday June 15, at 7 p.m., at St. Charles Hospital, Ladbrook Grove, W.10, by kind permission of the matron. Directions: Metropolitan Line to Ladbrook Grove Station or 'buses number 15 or 52.

North Western Metropolitan Branch.—A garden party will be held on Saturday, June 18, at 3 p.m., at Cromwell House, Highgate, N.6. Please send prizes and articles for produce stall to Miss Thoroughgood, St. Mary Islington Hospital, Highgate Hill, N.19. Lucky number tea tickets price 1s. 6d. Directions: Archway Underground Station or 'buses number 137, 134, 617, 517, 43, 27 to Archway Station, then trolley 'bus 611 or 'bus 210 up Highgate Hill.

Reading and District Branch.—There will be a visit to Huntley and Palmers Biscuit Factory on June 17 at 2.30 p.m. Meet outside the main entrance, Kings Road. R.S.V.P. to the secretary.

St. Albans Branch.—There will be a general meeting on Thursday, June 16 at 7 p.m. at he Sisters Hospital, to discuss the Branch S an ng Committ e resolutions. Talks by members on different jobs will follow. A coach trip to Windsor has been arranged for Saturday, July 9, leaving St. Albans at 11 a.m. Tickets 5 . 9d. Apply to the Secretary, Miss Thyer, 7, Watsons Walk, St. Albans.

Yorkshire Branch at Leeds.—Theatre parties will be held on June 13—18 at the Grand Theatre to see *Private Lives* with Margaret Lockwood. Applications, giving the night preferre and type of seat, to be sent to the Honor ry Secretary with remittance and stamped addressed envelope. On **June 14**, at 6 p.m. in the General Infirmary, Leeds, there will be a talk on he Bronte Country. A visit to Haworth has been arranged for June 18. Details from the Hon rary Secr t ry, 282, Stainbeck Road, Leeds, 7. There will be a general meeting on **June 22**, at 7.30 p.m., at the General Infirmary, Leeds.

Westmorland Branch.—There will be a bring and buy sale on June 14, at 3.30 p.m., at Runnymede Kentrig Kendal, in aid of branch funds. The Misses Kendrick and Kneale have kindly lent their garden and have offered to provi le tea. Admission 1s.

Winchester Branch.—A meeting will be held on Tuesday, June 14, at 2.30 p.m., at th Royal H mpshi e County Hospital, Winchester, not at St. Pauls' Hospital as previously announced.

NURSES' APPEAL COMMITTEE

Many of you are arranging for your summer holidays and in pleasant anticipation of a very happy time with rest from work and long days in the fresh air and sunshine. But holidays, necessary as they are for everybody, cost money, and it is impossible for people with very small incomes to go to this expense. Would you help some of our older nurses, who are able to travel, to have a holiday this year? The great pleasure you will give to those less fortunate than yourselves will surely bring you a specially happy holiday. Thank you very much in anticipation of your help.

Contributions for the Week ending June 4, 1949

	£	s.	d.
Yorkshire Branch at Leeds	2	2	0
Miss K. M. Cope	1	1	0
Royal Berkshire Hospital Nursing Staff (monthly donation)		10	0
Miss Ormand		10	0
General Hospital, Swansea (raised by a dance for a holiday)	9	10	0
Miss A. Woodham		10	0
In loving memory of A. H. V. H. (in place of flowers)		5	0
Rhyl and District Branch, Royal College of Nursing	10	0	0
Nursing Staff Warrington General Hospital	5	0	0
S.R.N. Devon (monthly donation)		1	0
Miss M. Murray		5	0
Total	**£29**	**14**	**0**

We acknowledge, with many thanks, parcel from Anonymous and Mrs. Bride Griffin.

W. SPICER, Secretary, Nurses' Appeal Committee, Royal College of Nursing, 1a, Henrietta Place, Cavendish Square, London, W.1.

Coming Events

Inter-Hospital Nurses' Swimming Club. Two galas will be held this year, the first at the London Hospital by kind permission of Matron, on Saturday **June 18** at 2.30 p.m., and the annual gala at the Marshall Street Baths on Thursday **October 13** at 7.30 p.m.

New End Hospital, Hampstead.—The annual reunion with prize giving and presentation of certificates will be held on June 22 at 3.30 p.m. All former members of the staff are cordially invited. There will be a dance in the evening.

North Middlesex Hospital, Edmonton, N.18.—The Nurses' League re union will be held on Saturday, July 16, from 3 to 6 p.m. All members are welcome. R.S.V.P. to Matron.

St. Andrew's League of Nurses.—The Summer meeting will be held on Saturday, June 25, at 2.30 p.m. Service in Chapel at 3.15 p.m., followed by tea. R.S.V.P. to the Matron, St. Andrew's Hospital, Devons Road, Bow, E.3.

Bristol Royal Hospital Nurses' League.—The annual meeting will be held on Saturday, July 16, at 3.30 p.m., in the Royal Infirmary Branch, preceded by a service in the Chapel at 3 p.m. Past members of the nursing taff are invited to attend the Garden Party and Reunion from 4.30 p.m. to 7 p.m.

The Council of the Royal Empire Society. — A reception will be given on Tuesday, July 19 in honour of the nursing sisters who served in South Africa during the Boer War. Those who served in that campaign and who would like to attend are invited to send their names and addresses to *Miss S. A. Claridge, c/o the Royal Empire Society, Northumberland Avenue, London, W.C.2.*

Manchester Branch of the National Association of State Enrolled Assistant Nurses.—A meeting will be held on Wednesday, June 22, at 6.30 p.m. at Withington Hospital. A lecture and demonstration will be given by Dr. J. M. Greenwood, M.D., D.P.H., on *The Rehabilitation of the Chronic Sick.* R.S.V.P. to Mrs. L. Fawell, Secretary, 10, Elm Road, Crumpsall, Manchester.

The Ranyard Mission.—The annual meeting will be held on Wednesday, June 15, at 3 p.m., at the Caxton Hall, Westminster. The chair will be taken by the Rt. Rev. Bishop C. E. Curzon, recently Bishop of Exeter and formerly Bishop of Stepney. Our speakers will be Deaconess Mary Lister, M.A., Principal of the College of Greyladies, Blackheath, and Miss E. Cockayne, Chief Nursing Officer, Ministry of Health, and formerly matron of the Royal Free Hospital.

York County Hospital.—There will be a re union on June 18, at 3 p.m.

THE "NURSING TIMES" LAWN TENNIS CUP COMPETITION

2nd round matches. (To be played by June 25)

Queen Mary's Hospital, Carshalton	*v.*	St. George's Hospital.
St. Mary's Hospital, W.2.	*v.*	Bexley Hospital.
Hammersmith Hospital	*v.*	St. Thomas' Hospital.
Highlands Hospital, Winchmore Hill	*v.*	Kingston Hospital.
London Hospital	*v.*	Hospital for Sick Children, Great Ormond Street.
Central Middlesex Hospital	*v.*	Edgware General Hospital.
Watford Peace Memorial Hospital	*v.*	Charing Cross Hospital.
The Middlesex Hospital	*v.*	St. Bartholomew's Hospital.

HEALTH VISITORS

A Conference of The Royal Sanitary Institute, at the Health Congress at Brighton.*

ALDERMAN **Reginald Stamp,** Chairman of the London County Council Health Committee, delivered the Presidential Address at a conference on *Recent Legislation and the Health Visitor: her relationship with voluntary and official workers, and her future training.* This conference was a part of the Health Congress of the Royal Sanitary Institute, held at Brighton recently.

" Two important Acts of Parliament will be in our minds during the discussion—The National Health Service Act and the Children Act," said the President in his address. He explained how the scope of the health visitors' work had widened as a result of Section 24 of the National Health Service Act; the Royal Sanitary Institute, alive to recent developments, had revised a syllabus of training through the work of its Health Visitors' Training and Examination Committee. This syllabus would come into force on January 1, 1950.

The President paid tribute to the health visitor, because, as a result of her work, there had been a steady reduction in infant and child mortality. He regretted the element of snobbery among mothers in the higher income groups, which denied them the health visitors' care and guidance. He felt that members of the Health Service should no longer work in isolation; and the officer who could achieve a link between the health services and the family was the health visitor.

The health visitor tutor also had an important part to play in the future training of the health visitor student. She must co-ordinate the theoretical training with practical field work. " In my view," said the President, " a start in this direction has been made on the right lines by the Royal College of Nursing in conjunction with the Birmingham Public Health Department in organizing a course for health visitors." The three important factors needed for a health visitor to make her effective for her new work would be—a good educational standard, a broad knowledge of human affairs, and the right kind of personality. The whole purpose of the health service should be directed towards the family as a unit. There was need for the general public to play its part, and there should be recognition of the work of the voluntary bodies. At no time was there justification for riding rough shod over what was being done in matters connected with human beings.

The Children Act

Miss D. Makepeace, M.A., M.D., D.P.H., Senior Medical Inspector of the Children's Department at the Home Office, said she would underline special points from her paper on the Children Act. Miss Makepeace said that it was the sincere hope of the Home Office that the words " in the interest of the child " which occur frequently in the Children Act, would always be foremost in the minds of those who care for the child who was deprived of a normal home life. The child should be considered as an individual child; not as a deprived child. Miss Makepeace spoke on the Act in its entirety, emphasising the spirit of the Act. She deplored the hard divisions where an official's work ceased and another took over. The boarding-out officer had a very important work to do in this respect and required high skill and discernment in placing a child in the home best suited for him. It would be necessary for her to study the child's requirements, personality, conduct and health, and it was there the report of the health visitor was invaluable. She would know if the child has been in contact with any infectious disease, and she might be in contact with women who would make good foster mothers. It was important for the child to be able to look to the boarding out officer as a permanent friend.

Seventy-five boarding-out officers were trained last year. This year there were 100 in training, and they are drawn from all types of workers.

There were some children who were not suitable for living with foster parents for various reasons, and these children would often be happier in a home. In these cases, it was important that such homes should be small ones, preferably on a housing estate, so that the children could join in the life of the community around them.

For such children the health visitor would be able to give valuable information on the state of their parents' home, and shed light on the state of affairs which caused the child to become deprived of that home. In many cases the health visitor would have used this knowledge herself to prevent the child from becoming deprived of a normal home life.

Increase in Overlapping

Mrs. A. A. Woodman, M.B.E., Superintendent Health Visitor, East Ham, speaking from her paper *The Health Visitors' Relationships with other Official and Voluntary Workers,* said there was, undoubtedly, an increase in overlapping of the work of the home visitor. The number of visitors to the home was growing rather than diminishing.

Suggesting how to overcome the difficulties faced by the health visitor, Mrs. Woodman said that standardization of records would help. Speaking from her own experience, she felt that regular joint meetings of staff and joint management in areas were valuable in correlating the work of the various groups and getting to know each other's problems. She felt that these conferences made for good relationship between all sections of public health nursing and other sections.

Few people realized how broad the health visitor's field of work was. Apart from advice on infant care in the home and the clinic, the natural gift for meeting strangers, which most health visitors possessed, helped her in making the many other contacts necessary in her day's work. This, with her nursing background, had helped her to become established as a home visitor. She could, therefore, from her past experience, offer advice to new workers and newcomers into the public health field. Her reports on home conditions and family life would continue to play an important part in advising and helping the new worker.

The Voluntary Bodies

Many voluntary bodies still existed, in spite of statutory provisions, and they continued to give valuable and important service to the community. Discussion groups between health workers and such bodies were valuable aids to providing each with better knowledge of the other's work. The health worker could see her own work in relation to that of others, and " patchwork effort " was done away with.

Reference was made to the work of the Job Analysis of the Nuffield Trust, by which it was hoped to show the way to reduce the present shortage of health visitors.

The third speaker in the Group, **C. Fraser Brockington, Esq., M.A., M.D., D.P.H.,** Medical Officer of Health, West Riding of Yorkshire County Council, who presented points from his paper on *Thoughts on the Future Training of the Health Visitor,* said that he had the greatest belief in the health visitor, chiefly because she is basically a nurse. He believed that, in the future, society would change under preventive medicine, and that there would come a time when health visitors were not necessary. He based his statement on the fact that fever hospitals, because of preventive medicine, had almost become redundant, and that the mortality rate among infants was lowered. Child life protection now belonged to the Home Office, so the health visitor must, therefore, widen her outlook or decline. She would become a socio-medical worker acting as the right-hand of the general practitioner. This might be seen from Section 24 of the National Health Service Act of 1946, which made it the duty of the local authority to provide for the visiting of persons in their homes as health visitors, to give advice, which made her work statutory. Section 28 required the local authority to make arrangements for the care and aftercare of persons suffering from illness, etcetera, which implied the health visitor.

Future Training of Health Visitors

This new development showed that the right decision must be made for the future training of health visitors. Doctor Brockington outlined his theme on the future of nurse training for this field of work, believing in the shorter period in hospital, and the greater opportunity for the study of the diploma in social science in the university.

The general discussion was then opened by **Miss E. Lillywhite,** Superintendent Health Visitor, Buckinghamshire County Council, who said that the need for the Children Act was seen years ago by health visitors. Many of them had given evidence for the Curtis Report. She did not believe that deprived children should be " singled out " children. Children under five should be the province of the health visitor. She could not agree with Dr. Brockington when he said that the health visitor was mainly concerned with reducing the mortality rate: she felt they had been mainly concerned with raising the standard of family life (applause) and that the general practitioner had neither known nor cared about the health visitor and her work. The new training should be between a university and a nursing training and the health visitor should be given more training in the writing of reports.

Dr. L. Housden believed that the present generation should be trained to be better parents of the future, as very little could be done with the present established parents.

Miss Baggallay, M.B.E., Nurse Consultant to World Health Organization, said that she looked for the integrated training of the nurse of the future. The preventive aspect of the work should be stressed so that she might play her part in the Public Health Services.

Dr. Irwin asked if doctors and nurses know enough about babies? Expectant mothers and young children should have first consideration. It was important to remember that families were not usually problem families—but some of them lived in problem conditions.

** Further reports of this conference and Professor Andrew Topping's presidential address to the Preventive Medicine Section of the Congress will be published next week.*

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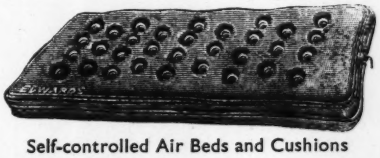

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